



Rep. Robyn Gabel

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1 AMENDMENT TO HOUSE BILL 4364

2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 4364 by replacing  
3 everything after the enacting clause with the following:

4 "Section 1. Short title. This Act may be cited as the Home  
5 Birth Safety Act.

6 Section 5. Purpose. The practice of midwifery in  
7 out-of-hospital settings is hereby declared to affect the  
8 public health, safety, and welfare and to be subject to  
9 regulation in the public interest. The purpose of this Act is  
10 to protect and benefit the public by setting standards for the  
11 qualifications, education, training, and experience of those  
12 who seek to obtain licensure and hold the title of licensed  
13 direct-entry midwife, including a requirement to work  
14 collaboratively with hospital-based and privileged health care  
15 professionals to promote high standards of professional  
16 performance for those licensed to practice midwifery in

1 out-of-hospital settings in this State, to promote a  
2 collaborative and integrated maternity care delivery system in  
3 Illinois with agreed-upon consulting, transfer and transport  
4 protocols in use by all health care professionals and licensed  
5 midwives across all health care settings to maximize patient  
6 safety and positive outcomes, to support accredited education  
7 and training as a prerequisite to licensure and to protect the  
8 public from unprofessional conduct by persons licensed to  
9 practice midwifery, as defined in this Act. This Act shall be  
10 liberally construed to best carry out these purposes.

11 Section 10. Exemptions.

12 (a) This Act does not prohibit a person licensed under any  
13 other Act in this State from engaging in the practice for which  
14 he or she is licensed or from delegating services as provided  
15 for under that other Act.

16 (b) Nothing in this Act shall be construed to prohibit or  
17 require licensing under this Act, with regard to:

18 (1) the rendering of services by a birth attendant, if  
19 such attendance is in accordance with the birth attendant's  
20 cultural traditions or religious faith and is rendered only  
21 to women and families in that distinct cultural or  
22 religious group as an exercise and enjoyment of their  
23 religious freedom; and

24 (2) a student midwife working under the direction of a  
25 licensed certified professional midwife.

1 Section 15. Definitions. In this Act:

2 "Board" means the Illinois Midwifery Board, as specified in  
3 this Act.

4 "Certified professional midwife" or "CPM" means a person  
5 who has met the standards for certification set by the North  
6 American Registry of Midwives, holds current certified  
7 professional midwife credentials, and practices midwifery as  
8 defined in this Act.

9 "Department" means the Department of Financial and  
10 Professional Regulation.

11 "Healthcare practitioner" means physician licensed to  
12 practice medicine in all its branches, or licensed  
13 certified-nurse midwife.

14 "International Confederation of Midwives" means the  
15 organization that sets global standards for the education and  
16 autonomous practice of midwifery.

17 "Midwifery Bridge Certificate" means the certificate  
18 issued by NARM that documents completion of accredited  
19 continuing education specific to content in emergency skills  
20 for pregnancy, birth, and newborn care, along with other  
21 midwifery topics addressing the core competencies of the  
22 International Confederation of Midwives.

23 "Midwifery Education and Accreditation Council" or "MEAC"  
24 means the nationally-recognized accrediting agency that  
25 establishes standards for the education of certified

1 professional midwifery in the United States.

2 "National Association of Certified Professional Midwives"  
3 means the national professional organization, or its  
4 successor, that promotes the growth, development, and standard  
5 setting for certified professional midwives.

6 "North American Registry of Midwives" or "NARM" means the  
7 accredited international agency, or any successor  
8 organization, that has established and has continued to  
9 administer certification for the credentialing of certified  
10 professional midwives.

11 "Patient" means a woman or newborn for whom a licensed  
12 certified professional midwife provides services.

13 "Postpartum period" means the first 6 weeks after delivery.

14 "Practice of midwifery" means, consistent with current  
15 national standards, this Act, and rules adopted by the  
16 Department, providing the necessary supervision, care,  
17 education, and advice to people with low-risk pregnancies  
18 during the antepartum, intra-partum, and postpartum period,  
19 conducting deliveries, and caring for the newborn, with such  
20 care including preventative measures, the detection of  
21 abnormal conditions in the mother and the child, the  
22 identification, referral and procurement of medical assistance  
23 when necessary care is beyond the scope of certified  
24 professional midwifery practice, and the execution of  
25 emergency measures in the absence of medical help. "Practice of  
26 midwifery" includes non-prescriptive family planning and basic

1 well-woman care limited to sexually transmitted infection  
2 screenings.

3 "Secretary" means the Secretary of Financial and  
4 Professional Regulation.

5 Section 20. Unlicensed practice. Beginning on January 1,  
6 2017, no person may practice, attempt to practice, or hold  
7 himself or herself out to practice as a licensed certified  
8 professional midwife unless he or she is licensed under this  
9 Act.

10 Section 25. Powers and duties of the Department; rules.

11 (a) The Department shall exercise the powers and duties  
12 prescribed by the Civil Administrative Code of Illinois for the  
13 administration of licensing Acts and shall exercise such other  
14 powers and duties necessary for effectuating the purposes of  
15 this Act.

16 (b) The Secretary shall adopt rules consistent with the  
17 provisions of this Act for the administration and enforcement  
18 of the Act and for the payment of fees connected to the Act and  
19 may prescribe forms that shall be issued in connection with the  
20 Act. In addition, the Secretary shall adopt rules establishing  
21 uniform State forms that licensed certified professional  
22 midwives must (1) provide to clients consistent with the Act,  
23 including informed consent forms, (2) complete and submit to  
24 the Board in each case in which the transport of a patient

1 occurs in accordance with transport protocols recommended by  
2 the Board and adopted by the Secretary by rule, and (3)  
3 complete to report patient outcomes to the Board.

4 (c) The rules adopted by the Department under this Section  
5 may not authorize a licensed certified professional midwife to  
6 practice beyond the scope of practice set forth in Section 45.

7 (d) The Department shall consult with the Board in adopting  
8 rules. Notice of proposed rulemaking shall be transmitted to  
9 the Board and the Department shall review the Board's response  
10 and any recommendations made. The Department shall notify the  
11 Board in writing of deviations from the Board's recommendations  
12 and responses.

13 (e) The Department may at any time seek the advice and the  
14 expert knowledge of the Board on any matter relating to the  
15 administration of this Act.

16 (f) The Department shall issue quarterly a report to the  
17 Board of the status of all complaints related to the profession  
18 filed with the Department.

19 (g) Administration by the Department of this Act must be  
20 consistent with standards regarding the practice of midwifery  
21 established by the National Association of Certified  
22 Professional Midwives or a successor organization, this Act and  
23 rules adopted pursuant to this Act.

24 Section 30. Qualifications for certified professional  
25 midwife licensure.

1           (a) Each applicant who successfully meets the requirements  
2 of this Section shall be entitled to licensure as a certified  
3 professional midwife.

4           (b) An applicant for licensure by examination to practice  
5 as a certified professional midwife must do each of the  
6 following:

7                 (1) Submit a completed written application, on forms  
8 provided by the Department, and fees, as established by the  
9 Department.

10                (2) Shall hold a current valid Certified Professional  
11 Midwife Credential granted by NARM or its successor  
12 organization.

13                (3) (A) Shall have completed a midwifery education  
14 program that is accredited by MEAC or Accreditation  
15 Commission for Midwifery Education; or

16                (B) An applicant who was certified by NARM as a  
17 certified professional midwife on or before July 1, 2017,  
18 through the completion of a non-MEAC accredited program,  
19 but otherwise qualifies for licensure, shall be required to  
20 obtain the NARM Midwifery Bridge Certificate and shall  
21 provide the following in order to become licensed:

22                   (i) verification of completion of NARM-approved  
23 clinical requirements; and

24                   (ii) evidence of completion, in the past 2 years of  
25 an additional 50 hours of continuing education units  
26 approved by the Board and accredited by MEAC, the

1 American College of Nurse Midwives of the Accrediting  
2 College of Nurse Midwives, or the Accrediting Council  
3 for Continuing Medical Education, including 14 Hours  
4 of obstetric emergency skills training, such as a birth  
5 emergency skills training (BEST) or an advanced life  
6 saving in obstetrics (ALSO) course, and with the  
7 remaining 36 hours divided among and including hours in  
8 the areas of pharmacology, lab interpretation of  
9 pregnancy, antepartum complications, intra-partum  
10 complications, postpartum complications, and neonatal  
11 care.

12 (C) Applicants who have maintained licensure in a state  
13 that does not require accredited education regardless of  
14 the date of their certification shall obtain the NARM  
15 Midwifery Bridge Certificate and meet the requirements of  
16 items (i) and (ii) of subparagraph (B) of this paragraph  
17 (3) to be eligible for licensure.

18 (4) Have not violated the provisions of this Act  
19 concerning the grounds for disciplinary action. The  
20 Department may take into consideration any felony  
21 conviction of the applicant, but such a conviction may not  
22 operate as an absolute bar to licensure.

23 (5) Submit to the criminal history records check  
24 required under Section 35 of this Act.

25 (6) Be a high school graduate or have completed  
26 equivalent education.

1 (7) Be at least 21 years old.

2 (8) Hold current cardiopulmonary resuscitation (CPR)  
3 certification for health care professionals or provides  
4 issued by the American Red Cross or the American Heart  
5 Association.

6 (9) Successfully complete within the last 2 years the  
7 American Academy of Pediatrics/American Heart Association  
8 neonatal resuscitation program (NRP).

9 (10) Meet all other requirements established by the  
10 Department by rule.

11 Section 35. Criminal history records background check.  
12 Each applicant for licensure by examination or restoration  
13 shall have his or her fingerprints submitted to the Department  
14 of State Police in an electronic format that complies with the  
15 form and manner for requesting and furnishing criminal history  
16 record information as prescribed by the Department of State  
17 Police. These fingerprints shall be checked against the  
18 Department of State Police and Federal Bureau of Investigation  
19 criminal history record databases now and hereafter filed. The  
20 Department of State Police shall charge applicants a fee for  
21 conducting the criminal history records check, which shall be  
22 deposited into the State Police Services Fund and shall not  
23 exceed the actual cost of the records check. The Department of  
24 State Police shall furnish, pursuant to positive  
25 identification, records of Illinois convictions to the

1 Department. The Department may require applicants to pay a  
2 separate fingerprinting fee, either to the Department or to a  
3 vendor. The Department, in its discretion, may allow an  
4 applicant who does not have reasonable access to a designated  
5 vendor to provide his or her fingerprints in an alternative  
6 manner. The Department may adopt any rules necessary to  
7 implement this Section.

8 Section 40. Title. A licensed certified professional  
9 midwife may only identify himself or herself as a "licensed  
10 certified professional midwife" and may use the abbreviation  
11 "CPM".

12 Section 45. Scope of practice of direct-entry midwives.

13 (a) "Practice certified professional midwifery" means:

14 (1) Providing maternity care that is consistent with a  
15 midwife's training, education, and experience; and

16 (2) Identifying and referring patients who require  
17 medical care to an appropriate health care provider.

18 (b) The practice of certified professional midwifery  
19 includes:

20 (1) Providing the necessary supervision, care, and  
21 advice to a patient during a low-risk pregnancy, labor,  
22 delivery, and postpartum period.

23 (2) Newborn care that is provided in a manner that is:

24 (A) consistent with national direct-entry

1 midwifery standards; and

2 (B) based on the acquisition of clinical skills  
3 necessary for the care of pregnant women and newborns,  
4 including antepartum, intra-partum, and postpartum  
5 care.

6 (3) Obtaining informed consent to provide services to  
7 the patient in accordance with Section 50 of this Act.

8 (4) Discussing:

9 (A) any general risk factors associated with the  
10 services to be provided;

11 (B) any specific risk factors pertaining to the  
12 health and circumstances of the individual patient;

13 (C) conditions that preclude care by a licensed  
14 certified professional midwife; and

15 (D) the conditions under which consultation,  
16 transfer of care, or transport of the patient must be  
17 implemented.

18 (5) Obtaining a health history of the patient and  
19 performing a physical examination.

20 (6) Developing a written plan of care specific to the  
21 patient, to ensure continuity of care throughout the  
22 antepartum, intra-partum, and postpartum periods, that  
23 includes:

24 (A) a plan for the management of any specific risk  
25 factors pertaining to the individual health and  
26 circumstances of the individual patient; and

1 (B) a plan to be followed in the event of an  
2 emergency; including a plan for transportation.

3 (7) Evaluating the results of patient care and  
4 reporting patient outcomes to the Department on a uniform  
5 State form in accordance with rules.

6 (8) Consulting and collaborating with a health care  
7 practitioner regarding the care of a patient, and referring  
8 and transferring care to a health care provider, as  
9 required.

10 (9) Referral of all patients, within 72 hours after  
11 delivery, to a pediatric health care practitioner for care  
12 of the newborn.

13 (10) Obtaining and administering appropriate  
14 medications and using equipment and devices.

15 (11) Obtaining appropriate screening and testing,  
16 including laboratory tests, urinalysis, and ultrasound.

17 (12) Providing prenatal care during the antepartum  
18 period, with consultation or referral as required.

19 (13) Providing care during the intra-partum period,  
20 including:

21 (A) monitoring and evaluating the condition of the  
22 patient and fetus;

23 (B) notifying the pediatric health care  
24 practitioner after delivery;

25 (C) performing emergency procedures, including:

26 (i) administering approved medications;



1           resuscitating as needed, performing a newborn  
2           examination, and administering intramuscular vitamin K  
3           and eye ointment for prevention of ophthalmia  
4           neonatorium;

5                   (B) assessing newborn feeding and hydration;

6                   (C) performing metabolic screening and reporting  
7           on the screening in accordance with the regulations  
8           related to newborn screenings that are adopted by the  
9           Department;

10                  (D) performing critical congenital heart disease  
11           screening and reporting on the screening in accordance  
12           with the regulations related to newborn screenings  
13           that are adopted by the Department; and

14                  (E) referring the infant to an audiologist for a  
15           hearing screening in accordance with the regulations  
16           related to newborn screenings that are adopted by the  
17           Department.

18           (17) Within 24 hours after delivery notifying a  
19           pediatric health care practitioner of the delivery.

20           (18) Within 72 hours after delivery:

21                   (A) transferring health records to the pediatric  
22           health care practitioner, including documentation of  
23           the performance of the screenings required under  
24           subparagraphs (C) and (D) of paragraph (16) of this  
25           subsection (b); and

26                   (B) referring the newborn to a pediatric health

1 care practitioner.

2 (19) Providing the following care of the newborn beyond  
3 the first 72 hours after delivery:

4 (A) weight checks and general observation of the  
5 newborn's activity, with abnormal findings  
6 communicated to the newborn's pediatric health care  
7 practitioner;

8 (B) assessment of newborn feeding and hydration;  
9 and

10 (C) breastfeeding support and counseling.

11 (20) Providing limited services to the patient after  
12 the postpartum period, including:

13 (A) breastfeeding support and counseling; and

14 (B) counseling and referral for all family  
15 planning methods.

16 (c) The practice of certified professional midwifery does  
17 not include:

18 (1) Out-of-hospital care to a woman who has had a  
19 caesarean section.

20 (2) Out-of-hospital care in cases of multifetal  
21 gestation.

22 (3) Out-of-hospital care in cases involving breech  
23 delivery.

24 (4) Administering prescription pharmacological agents  
25 intended to induce or augment labor or artificial rupture  
26 of membranes prior to onset of labor.

1           (5) Administering prescription pharmacological agents  
2 to provide pain management or anesthetic except for the  
3 administration of a local anesthetic.

4           (6) Using vacuum extractors or forceps.

5           (7) Prescribing medications.

6           (8) Performing surgical procedures, including, but not  
7 limited to, abortions, cesarean sections and circumcisions  
8 except an emergency episiotomy.

9           (9) Knowingly accepting responsibility for prenatal or  
10 intra-partum care of a patient with any of the following  
11 risk factors:

12           (A) previous uterine surgery, including a cesarean  
13 section or myomectomy;

14           (B) chronic significant maternal cardiac,  
15 pulmonary, renal, or hepatic disease;

16           (C) malignant disease in an active phase;

17           (D) significant hematological disorders or  
18 coagulopathies or pulmonary embolism;

19           (E) insulin requiring diabetes mellitus;

20           (F) known maternal congenital abnormalities  
21 affecting childbirth;

22           (G) confirmed isoimmunization, Rh disease with  
23 positive titer;

24           (H) active tuberculosis;

25           (I) active syphilis or gonorrhea;

26           (J) active genital herpes infection 2 weeks prior

1 to labor or in labor;

2 (K) pelvic or uterine abnormalities affecting  
3 normal vaginal births, including tumors and  
4 malformations;

5 (L) alcoholism or abuse;

6 (M) drug addiction or abuse;

7 (N) confirmed HIV or AIDS status;

8 (O) uncontrolled current serious psychiatric  
9 illness;

10 (P) social or familial conditions unsatisfactory  
11 for out-of-hospital maternity care services;

12 (Q) fetus with suspected or diagnosed congenital  
13 abnormalities that may require immediate medical  
14 intervention;

15 (R) indications that the fetus has died in utero;

16 or

17 (S) premature labor (gestation less than 37  
18 weeks).

19 (10) Continuing to provide care for conditions for  
20 which a transfer is required under subsection (c) of  
21 Section 60.

22 (11) Administering Schedule II drugs.

23 Section 50. Informed consent.

24 (a) A licensed certified professional midwife shall, at an  
25 initial consultation with a patient, disclose to the patient

1 orally and in writing on a State-specified uniform informed  
2 consent form adopted by rule all of the following:

3 (1) The licensed certified professional midwife's  
4 experience and training.

5 (2) The general risk factors associated with the  
6 services to be provided.

7 (3) The definition of the "practice of midwifery" in  
8 this Act.

9 (4) That the client is retaining a licensed certified  
10 professional midwife, not a nurse midwife, and that the  
11 licensed certified professional midwife is not supervised  
12 by a physician or nurse.

13 (5) The licensed certified professional midwife's  
14 current licensure status and license number.

15 (6) The practice settings in which the licensed  
16 certified professional midwife practices.

17 (7) A description of the procedures, benefits and risks  
18 of home births, including those conditions that may arise  
19 during delivery.

20 (8) That there are conditions that are outside of the  
21 scope of practice of a licensed certified professional  
22 midwife that will result in a referral for a consultation  
23 from, or transfer of care to, a physician.

24 (9) The specific arrangements for the referral of  
25 complications to a physician for consultation. The  
26 licensed direct-entry midwife shall not be required to

1 identify a specific physician.

2 (10) Instructions for filing a complaint with the  
3 Department.

4 (11) That if, during the course of care, the client is  
5 informed that she has or may have a condition indicating  
6 the need for a mandatory transfer, the licensed  
7 direct-entry midwife shall initiate the transfer.

8 (12) A written protocol for the handling of both  
9 patient's and newborn's medical emergencies, including  
10 transportation to a hospital, particular to each client,  
11 complete with identification of the appropriate hospital,  
12 the estimated travel time to the hospital, and the identity  
13 of obstetric and pediatric health care professional who  
14 will be notified. A verbal report of the care provided must  
15 be provided to emergency services providers and a copy of  
16 the client records shall be sent with the client at the  
17 time of any transfer to a hospital.

18 (b) A copy of the informed consent document, signed and  
19 dated by the patient, must be kept in each patient's chart. All  
20 patients' charts and records of services provided shall be  
21 maintained for a minimum of ten years after the last patient  
22 visit.

23 Section 55. Midwife requirements. A licensed certified  
24 professional midwife shall do all of the following:

25 (a) Prior to labor, develop a written plan of care specific

1 to the patient, including specific risk factors pertaining to  
2 the individual health and circumstances of the patient, to  
3 ensure continuity of antepartum, intra-partum, and postpartum  
4 care. The plan shall include:

5 (1) Twenty-four hour, on-call availability by a  
6 licensed certified professional midwife, certified  
7 nurse-midwife, or licensed physician throughout pregnancy,  
8 intra-partum, and 6 weeks postpartum;

9 (2) appropriate screening and testing, including  
10 laboratory tests, urinalysis, and ultrasound; and

11 (3) labor support, fetal monitoring, and routine  
12 assessment of vital signs once active labor is established.

13 (b) Perform emergency procedures including: administering  
14 approved medications; administering intravenous fluids for  
15 stabilization; performing an emergency episiotomy; and  
16 providing care while on the way to a hospital under  
17 circumstances in which emergency medical services have not been  
18 activated; activating emergency medical services for an  
19 emergency.

20 (c) Supervise delivery of infant and placenta, assess  
21 newborn and maternal well-being in immediate postpartum, and  
22 perform Apgar scores.

23 (d) Provide immediate care at birth, including  
24 resuscitating as needed, performing a newborn examination, and  
25 administering intramuscular vitamin K examination and eye  
26 ointment for the prevention of blindness and obtain and submit

1 a blood sample in accordance with metabolic screening  
2 requirements for newborns.

3 (e) Perform routine cord management and inspect for  
4 appropriate number of vessels.

5 (f) Inspect the placenta and membranes for completeness.

6 (g) Inspect the perineum and vagina postpartum for  
7 lacerations and stabilize suturing of first and second degree  
8 perineal or labial lacerations or suturing of an episiotomy  
9 with administration of a local anesthetic.

10 (h) Observe mother and newborn postpartum until stable  
11 condition is achieved, but in no event for less than 2 hours to  
12 assess for hemorrhage, preeclampsia, thrombo-embolism,  
13 infection and emotional well-being.

14 (i) Instruct the mother, father, and other support persons,  
15 both verbally and in writing, of the special care and  
16 precautions for both mother and newborn in the immediate  
17 postpartum period.

18 (j) Reevaluate maternal and newborn well-being within 36  
19 hours of delivery.

20 (k) Use universal precautions with all biohazard  
21 materials.

22 (l) Ensure that a birth certificate is accurately completed  
23 and filed in accordance with State law.

24 (m) Within 24 hours after delivery, notify a pediatric  
25 health care professional of the delivery including  
26 transferring health records to the pediatric health

1 practitioner documenting performance of the required newborn  
2 screenings.

3 (n) Within one week after delivery, perform newborn weight  
4 checks and general observation of the newborn's activities with  
5 abnormal findings communicated to the newborn's pediatric  
6 health care practitioner, assessment of newborn feeding and  
7 hydration, offer a newborn hearing screening to every newborn  
8 or refer the parents to a facility with a newborn hearing  
9 screening program.

10 (o) Provide limited services to the patient after the  
11 post-partum period limited to breastfeeding support and  
12 counseling and counseling and referral for family planning.

13 (p) Maintain adequate antenatal and perinatal records of  
14 each client and provide records to consulting licensed  
15 physicians and licensed certified nurse-midwives in accordance  
16 with federal Health Insurance Portability and Accountability  
17 Act regulations and State law.

18 Section 60. Administration of drugs.

19 (a) A licensed direct-entry midwife may administer the  
20 following agents during the practice of midwifery:

21 (1) oxygen for the treatment of fetal distress;

22 (2) eye prophylactics-0.5% Erythromycin ophthalmic  
23 ointment or 1% Tetracycline ophthalmic ointment for the  
24 prevention of neonatal ophthalmia;

25 (3) Methylergonovine or Methergine for the treatment

1 of postpartum hemorrhage;

2 (4) Misoprostol (Cytotec) for the treatment of  
3 postpartum hemorrhage;

4 (5) Vitamin K for the prophylaxis for hemorrhagic  
5 disease of the newborn;

6 (6) Rho(D) immune globulin for the prevention for  
7 Rho(D) sensitization in Rho(D) negative women;

8 (7) intravenous fluids for maternal stabilization,  
9 including lactated Ringer's solution, or with 5% dextrose  
10 (D5LR), unless unavailable or impractical, in which case  
11 0.9% sodium chloride may be administered;

12 (8) Lidocaine injection as a local anesthesia for  
13 perineal repair; and

14 (9) sterile water subcutaneous injections as a  
15 non-pharmacological form of pain relief during the first  
16 and second stages of labor.

17 (b) The medication indications, dose, route of  
18 administration, and duration of treatment relating to the  
19 administration of drugs and procedures identified under this  
20 Section shall be determined by rule as the Department deems  
21 necessary to be in keeping with current evidence-based practice  
22 standards. The Department may approve additional medications,  
23 agents, or procedures based upon updated evidence-based  
24 obstetrical guidelines or based upon limited availability of  
25 standard medications or agents.

26 (c) A licensed certified professional midwife shall not

1 administer Schedule II-IV drugs.

2 Section 65. Consultation, referral, and transfer.

3 (a) A licensed certified professional midwife shall  
4 consult with a licensed physician concentrating in obstetrics,  
5 a licensed physician concentrating in a family practice who  
6 performs deliveries, or a licensed certified nurse-midwife  
7 providing obstetrical care whenever there are significant  
8 deviations, including abnormal laboratory results, relative to  
9 a patient's pregnancy or to a neonate. If a referral to a  
10 physician is needed, the licensed certified professional  
11 midwife shall refer the patient to a physician concentrating in  
12 obstetrics or to a physician concentrating in family practice  
13 who performs deliveries, and, if possible, remain in  
14 consultation with the physician until resolution of the  
15 concern. Consultation does not preclude the possibility of an  
16 out-of-hospital birth. It is appropriate for the licensed  
17 certified professional midwife to maintain care of the patient  
18 to the greatest degree possible, in accordance with the  
19 patient's wishes, during the pregnancy and, if possible, during  
20 labor, birth, and the postpartum period.

21 (b) A licensed certified professional midwife shall  
22 consult with a licensed physician concentrating in obstetrics,  
23 a licensed physician concentrating in family practice who  
24 performs deliveries, or certified nurse-midwife with regard to  
25 any patient who presents with or develops the following risk

1 factors or presents with or develops other risk factors that,  
2 in the judgment of the licensed certified professional midwife,  
3 warrant consultation:

4 (1) Antepartum.

5 (A) Pregnancy-induced hypertension, as evidenced  
6 by a blood pressure of 140/90 on 2 occasions greater  
7 than 6 hours apart.

8 (B) Persistent, severe headaches, epigastric pain,  
9 or visual disturbances.

10 (C) Persistent symptoms of urinary tract  
11 infection.

12 (D) Significant vaginal bleeding before the onset  
13 of labor not associated with uncomplicated spontaneous  
14 abortion.

15 (E) Rupture of membranes prior to the 37th week of  
16 gestation.

17 (F) Noted abnormal decrease in or cessation of  
18 fetal movement.

19 (G) Anemia resistant to supplemental therapy.

20 (H) Fever of 102 degrees Fahrenheit or 39 degrees  
21 Celsius or greater for more than 24 hours.

22 (I) Non-vertex presentation after 36 weeks  
23 gestation.

24 (J) Hyperemesis or significant dehydration.

25 (K) Isoimmunization, Rh-negative sensitized,  
26 positive titers, or any other positive antibody titer,

1 which may have a detrimental effect on mother or fetus.

2 (L) Elevated blood glucose levels unresponsive to  
3 dietary management.

4 (M) Positive HIV antibody test.

5 (N) Primary genital herpes infection in pregnancy  
6 or active recurrent herpes infection within 2 weeks of  
7 labor.

8 (O) Symptoms of malnutrition or anorexia or  
9 protracted weight loss or failure to gain weight.

10 (P) Suspected deep vein thrombosis.

11 (Q) Documented placental anomaly or previa.

12 (S) Labor prior to the 37th week of gestation.

13 (U) Lie other than vertex at term.

14 (W) Known fetal anomalies that may be affected by  
15 the site of birth.

16 (X) Marked abnormal fetal heart tones.

17 (Y) Abnormal non-stress test or abnormal  
18 biophysical profile.

19 (Z) Marked or severe polyhydramnios or  
20 oligohydramnios.

21 (AA) Evidence of intrauterine growth restriction.

22 (BB) Significant abnormal ultrasound findings.

23 (CC) Gestation beyond 42 weeks by reliable  
24 confirmed dates.

25 (DD) Controlled hypothyroidism, being treated with  
26 thyroid replacement and euthyroid, and with thyroid

1 test numbers in the normal range.

2 (EE) Previous obstetrical problems, including  
3 uterine abnormalities, placental abruption, placenta  
4 accrete, obstetric hemorrhage, incompetent cervix, or  
5 preterm delivery for any reason.

6 (FF) Unforeseen multifetal gestation.

7 (2) Intra-partum.

8 (A) Rise in blood pressure above baseline, more  
9 than 30/15 points or greater than 140/90.

10 (B) Persistent, severe headaches, epigastric pain,  
11 or visual disturbances.

12 (C) Significant proteinuria or ketonuria.

13 (D) Fever over 100.6 degrees Fahrenheit or 38  
14 degrees Celsius in absence of environmental factors.

15 (E) Ruptured membranes without onset of  
16 established labor after 18 hours.

17 (F) Significant bleeding prior to delivery or any  
18 abnormal bleeding, with or without abdominal pain, or  
19 evidence of placental abruption.

20 (G) Lie not compatible with spontaneous vaginal  
21 delivery or unstable fetal lie.

22 (H) Failure to progress after 5 hours of active  
23 labor or following 2 hours of active second stage  
24 labor.

25 (I) Signs or symptoms of maternal infection.

26 (J) Active genital herpes at onset of labor or

1           within 2 weeks of the onset of labor.

2           (K) Fetal heart tones with non-reassuring  
3 patterns.

4           (L) Signs or symptoms of fetal distress.

5           (M) Thick meconium or frank bleeding with birth not  
6 imminent.

7           (N) Patient or licensed certified professional  
8 midwife desires physician consultation or transfer.

9           (3) Postpartum.

10           (A) Failure to void within 6 hours of birth.

11           (B) Signs or symptoms of maternal shock.

12           (C) Febrile: 102 degrees Fahrenheit or 39 degrees  
13 Celsius and unresponsive to therapy for 12 hours.

14           (D) Abnormal lochia or signs or symptoms of uterine  
15 sepsis.

16           (E) Suspected deep vein thrombosis.

17           (F) Signs of clinically significant depression.

18           (G) Retained placenta.

19           (H) Patient with a third or fourth degree  
20 laceration or a laceration beyond the licensed  
21 certified professional midwife's ability to repair.

22           (c) A licensed certified professional midwife shall  
23 consult with a licensed physician with a concentration in  
24 obstetrics, a concentration in pediatrics, a concentration in  
25 family practice who performs deliveries, or a licensed  
26 certified nurse-midwife with regard to any neonate who is born

1 with or develops the following risk factors:

2 (1) Apgar score of 6 or less at 5 minutes without  
3 significant improvement by 10 minutes.

4 (2) Persistent grunting respirations or retractions.

5 (3) Persistent cardiac irregularities.

6 (4) Persistent central cyanosis or pallor.

7 (5) Persistent lethargy or poor muscle tone.

8 (6) Abnormal cry.

9 (7) Birth weight less than 2,300 grams.

10 (8) Jitteriness or seizures.

11 (9) Jaundice occurring before 24 hours or outside of  
12 normal range.

13 (10) Failure to urinate within 24 hours of birth.

14 (11) Failure to pass meconium within 48 hours of birth.

15 (12) Edema.

16 (13) Prolonged temperature instability.

17 (14) Significant signs or symptoms of infection.

18 (15) Significant clinical evidence of glycemic  
19 instability.

20 (16) Abnormal, bulging, or depressed fontanel.

21 (17) Significant clinical evidence of prematurity.

22 (18) Medically significant congenital anomalies.

23 (19) Significant or suspected birth injury.

24 (20) Persistent inability to suck.

25 (21) Diminished consciousness.

26 (22) Clinically significant abnormalities in vital

1 signs, muscle tone, or behavior.

2 (23) Clinically significant color abnormality,  
3 cyanotic, or pale or abnormal perfusion.

4 (24) Abdominal distension or projectile vomiting.

5 (25) Signs of clinically significant dehydration or  
6 failure to thrive.

7 Section 70. Transfer.

8 (a) Transport via private vehicle is an acceptable method  
9 of transport if it is the most expedient and safest method for  
10 accessing medical services. The licensed certified  
11 professional midwife shall initiate immediate transport  
12 according to the licensed certified professional midwife's  
13 emergency plan, provide emergency stabilization until  
14 emergency medical services arrive or transfer is completed,  
15 accompany the patient or follow the patient to a hospital in a  
16 timely fashion, provide pertinent information to the receiving  
17 facility, and complete an emergency transport record. The  
18 following conditions shall require immediate physician  
19 notification and emergency transfer to a hospital:

20 (1) Seizures or unconsciousness.

21 (2) Respiratory distress or arrest.

22 (3) Evidence of shock.

23 (4) Psychosis.

24 (5) Symptomatic chest pain or cardiac arrhythmias.

25 (6) Prolapsed umbilical cord.

1           (7) Should dystocia not resolved by Advanced Life  
2 Support in Obstetrics (ALSO) protocol.

3           (8) Symptoms of uterine rupture.

4           (9) Preeclampsia or eclampsia.

5           (10) Severe abdominal pain inconsistent with normal  
6 labor.

7           (11) Chorioamnionitis.

8           (12) Clinically significant fetal heart rate patterns  
9 or other manifestation of fetal distress.

10          (13) Presentation not compatible with spontaneous  
11 vaginal delivery.

12          (14) Laceration greater than second degree perineal or  
13 any cervical.

14          (15) Hemorrhage non-responsive to therapy.

15          (16) Uterine prolapse or inversion.

16          (17) Persistent uterine atony.

17          (18) Anaphylaxis.

18          (19) Failure to deliver placenta after one hour if  
19 there is no bleeding or fundus is firm.

20          (20) Sustained instability or persistent abnormal  
21 vital signs.

22          (21) Other conditions or symptoms that could threaten  
23 the life of the mother, fetus, or neonate.

24          (b) If birth is imminent and the patient refuses to be  
25 transferred after the licensed certified professional midwife  
26 determines that a transfer is necessary, the licensed certified

1 professional midwife shall:

2 (1) Call 9-1-1 and remain with the patient until  
3 emergency services personnel arrive; and

4 (2) Transfer care and give a verbal report of the care  
5 provided to the emergency medical services providers.

6 (c) For each patient who is transported under this section,  
7 the licensed certified professional midwife shall complete a  
8 standard transport reporting form and submit the completed form  
9 to the Department.

10 (d) The Board shall develop and recommend to the Department  
11 for adoption in the rules implementing this Act a planned  
12 out-of-hospital birth transport protocol.

13 Section 75. Annual Reports.

14 (a) A licensed certified professional midwife shall  
15 annually report to the Department by no later than March 31st  
16 of each year beginning in 2018, in a form specified by the  
17 Department, the following information regarding cases in which  
18 the licensed certified professional midwife assisted during  
19 the previous calendar year when the intended place of birth at  
20 the onset of care was an out-of-hospital setting:

21 (1) the total number of patients served at the onset of  
22 care;

23 (2) the number, by county, of live births attended;

24 (3) the number, by county, of cases of fetal demise,  
25 infant deaths, and maternal deaths attended at the

1 discovery of the demise or death;

2 (4) the number of women whose care was transferred to  
3 another health care practitioner during the antepartum  
4 period and the reason for transfer;

5 (5) the number, reason for, and outcome of each  
6 nonemergency hospital transfer during the intra-partum or  
7 postpartum period;

8 (6) the number, reason for, and outcome of each urgent  
9 or emergency transport of an expectant mother in the  
10 antepartum period;

11 (7) the number, reason for, and outcome of each urgent  
12 or emergency transport of an infant or mother during the  
13 intra-partum or immediate postpartum period;

14 (8) the number of planned out-of-hospital births at the  
15 onset of labor and the number of births completed in an  
16 out-of-hospital setting;

17 (9) a brief description of any complications resulting  
18 in the morbidity or mortality of a mother or a neonate; and

19 (10) any other information required by the Department  
20 in regulations.

21 (b) The Department shall send a written notice of  
22 noncompliance to each licensee who fails to meet the reporting  
23 requirements under subsection (a) of this Section.

24 (c) A licensed direct-entry midwife who fails to comply  
25 with the reporting requirements under this Section shall be  
26 prohibited from license renewal until the information required

1 under subsection (a) of this Section is reported.

2 (d) The Committee shall maintain the confidentiality of any  
3 report under subsection (f) of this Section.

4 (e) Notwithstanding any other provision of law, a licensed  
5 certified professional midwife shall be subject to the same  
6 reporting requirements as other health care practitioners who  
7 provide care to individuals.

8 (f) All reports required shall be submitted to the  
9 Department in a timely fashion. Unless otherwise provided in  
10 this Section, the reports shall be filed in writing within 60  
11 days after a determination that a report is required under this  
12 Act.

13 The Department may also exercise the power under Section  
14 165 of this Act to subpoena copies of hospital or medical  
15 records in cases concerning death or permanent bodily injury.  
16 Rules shall be adopted by the Department to implement this  
17 Section.

18 Nothing contained in this Section shall act to in any way  
19 waive or modify the confidentiality of reports and committee  
20 reports to the extent provided by law. Any information reported  
21 or disclosed shall be kept for the confidential use of the  
22 Department, its attorneys, the investigative staff, and  
23 authorized clerical staff, as provided in this Act, and shall  
24 be afforded the same status as is provided information  
25 concerning medical studies in Part 21 of Article VIII of the  
26 Code of Civil Procedure, except that the Department may

1 disclose information and documents to a federal, state, or  
2 local law enforcement agency pursuant to a subpoena in an  
3 ongoing criminal investigation or to a health care licensing  
4 body or midwifery licensing authority of another state or  
5 jurisdiction pursuant to an official request made by that  
6 licensing body or authority. Furthermore, information and  
7 documents disclosed to a federal, state, or local law  
8 enforcement agency may be used by that agency only for the  
9 investigation and prosecution of a criminal offense, or, in the  
10 case of disclosure to a health care licensing body or medical  
11 licensing authority, only for investigations and disciplinary  
12 action proceedings with regard to a license. Information and  
13 documents disclosed to the Department of Public Health may be  
14 used by that Department only for investigation and disciplinary  
15 action regarding the license of a health care institution  
16 licensed by the Department of Public Health.

17 Section 80. Illinois Certified Professional Midwifery  
18 Board.

19 (a) There is created under the authority of the Department  
20 the Illinois Certified Professional Midwifery Board, which  
21 shall consist of 9 members appointed by the Secretary: three of  
22 whom shall be licensed certified professional midwives who  
23 currently practice midwifery, except that initial appointees  
24 must have at least 3 years of experience in the practice of  
25 midwifery in an out-of-hospital setting, be certified by the

1 North American Registry of Midwives, and meet the  
2 qualifications for licensure set forth in this Act; one of whom  
3 shall be a licensed physician concentrating in obstetrics; one  
4 of whom shall be a licensed physician concentrating in a family  
5 practice who performs deliveries; one of whom shall be a  
6 licensed physician who concentrates in pediatrics; two of whom  
7 shall be licensed certified nurse midwives; and one of whom  
8 shall be a knowledgeable public member who has given birth with  
9 the assistance of a certified professional midwife in an  
10 out-of-hospital birth setting. Board members shall serve  
11 4-year terms, except that in the case of initial appointments,  
12 terms shall be staggered as follows: 3 members shall serve for  
13 4 years, and 2 members shall serve for 2 years. The Board shall  
14 annually elect a chairperson and vice chairperson.

15 (b) Any appointment made to fill a vacancy shall be for the  
16 unexpired portion of the term. Appointments to fill vacancies  
17 shall be made in the same manner as original appointments. No  
18 Board member may be reappointed for a term that would cause his  
19 or her continuous service on the Board to exceed 9 years.

20 (c) Board membership must have reasonable representation  
21 from different geographic areas of this State.

22 (d) The members of the Board may be reimbursed for all  
23 legitimate, necessary, and authorized expenses incurred in  
24 attending the meetings of the Board if funds are available for  
25 such purposes.

26 (e) The Secretary may remove any member of the Board for

1 misconduct, incapacity, or neglect of duty at any time prior to  
2 the expiration of his or her term.

3 (f) Five Board members shall constitute a quorum. A vacancy  
4 in the membership of the Board shall not impair the right of a  
5 quorum to perform all of the duties of the Board.

6 (g) The Board shall provide the Department with  
7 recommendations concerning the administration of this Act and  
8 may perform each of the following duties:

9 (1) Recommend to the Department from time to time  
10 revisions to any rules that may be necessary to carry out  
11 the provisions of this Act, including those that are  
12 designed to protect the health, safety, and welfare of the  
13 public.

14 (2) Conduct hearings and disciplinary conferences on  
15 disciplinary charges of licensees.

16 (3) Report to the Department, upon completion of a  
17 hearing, the disciplinary actions recommended to be taken  
18 against a person found in violation of this Act.

19 (4) Recommend the approval, denial of approval, and  
20 withdrawal of approval of required education and  
21 continuing educational programs.

22 (h) The Secretary shall give due consideration to all  
23 recommendations of the Board. If the Secretary takes action  
24 contrary to a recommendation of the Board, the Secretary must  
25 promptly provide a written explanation of that action.

26 (i) The Board may recommend to the Secretary that one or

1 more licensed direct-entry midwives be selected by the  
2 Secretary to assist in any investigation under this Act. Travel  
3 expenses shall be provided to any licensee who provides  
4 assistance under this subsection (i), in an amount determined  
5 by the Secretary, if funds are available for such purposes.

6 (j) Members of the Board shall be immune from suit in an  
7 action based upon a disciplinary proceeding or other activity  
8 performed in good faith as a member of the Board, except for  
9 willful or wanton misconduct.

10 (k) Members of the Board may participate in and act at any  
11 meeting of the Illinois Midwifery Board through the use of any  
12 real-time Internet or telephone communication media, by means  
13 of which all persons participating in the meeting can  
14 communicate with each other. Participation in such meeting  
15 shall constitute attendance and presence in person at the  
16 meeting of the person or persons so participating.

17 Section 85. Continuing education for certified  
18 professional midwife licensees.

19 The Department shall adopt rules of continuing education  
20 for certified professional midwives that require a total of 24  
21 hours of continuing education per 2-year license renewal cycle.  
22 Four hours of continuing education shall consist of successful  
23 completion of peer review in accordance with NARM standards for  
24 official peer review. The rules shall address variances in part  
25 or in whole for good cause, including without limitation

1 illness or hardship. The continuing education rules must ensure  
2 that licensees are given the opportunity to participate in  
3 programs sponsored by or through their State or national  
4 professional associations, hospitals, or other providers of  
5 continuing education. Each licensee is responsible for  
6 maintaining records of completion of continuing education and  
7 shall be prepared to produce the records when requested by the  
8 Department.

9 Section 90. Vicarious liability.

10 (a) No physician licensed to practice medicine in all its  
11 branches or advanced practice nurse shall be held liable for an  
12 injury solely resulting from an act or omission by a licensed  
13 certified professional midwife.

14 (b) Consultation with a physician does not alone create a  
15 physician-patient relationship or any other relationship with  
16 the physician. The informed consent shall specifically state  
17 that the licensed certified professional midwife and any  
18 consulting physician are not employees, partners, associates,  
19 agents, or principals of one another. The licensed certified  
20 professional midwife shall inform the patient that he or she is  
21 independently licensed and practicing midwifery and in that  
22 regard is solely responsible for the services he or she  
23 provides.

24 Section 95. Advertising.

1           (a) Any person licensed under this Act may advertise the  
2           availability of midwifery services in the public media or on  
3           premises where services are rendered, if the advertising is  
4           truthful and not misleading and is in conformity with any rules  
5           regarding the practice of a licensed certified professional  
6           midwife.

7           (b) A licensee must include in every advertisement for  
8           midwifery services regulated under this Act his or her title as  
9           it appears on the license or the initials authorized under this  
10          Act.

11          Section 100. Social Security Number on Application. In  
12          addition to any other information required to be contained in  
13          the application, every application for an original, renewal,  
14          reinstated, or restored license under this Act shall include  
15          the applicant's Social Security Number.

16          Section 105. Renewal of licensure.

17          (a) Licensed certified professional midwives shall renew  
18          their license biannually at the discretion of the Department.

19          (b) Rules adopted under this Act shall require the licensed  
20          certified professional midwife to maintain CPM certification  
21          by meeting all the continuing education requirements and other  
22          requirements set forth by the North American Registry of  
23          Midwives.

1 Section 110. Inactive Status.

2 (a) A licensed certified professional midwife who notifies  
3 the Department in writing on forms prescribed by the Department  
4 may elect to place his or her license on an inactive status and  
5 shall be excused from payment of renewal fees until he or she  
6 notifies the Department in writing of his or her intent to  
7 restore the license.

8 (b) A licensed certified professional midwife whose  
9 license is on inactive status may not practice licensed  
10 certified professional midwifery in the State of Illinois.

11 (c) A licensed certified professional midwife requesting  
12 restoration from inactive status shall be required to pay the  
13 current renewal fee and to restore his or her license, as  
14 provided by the Department.

15 (d) Any licensee who engages in the practice of midwifery  
16 while his or her license is lapsed or on inactive status shall  
17 be considered to be practicing without a license, which shall  
18 be grounds for discipline.

19 Section 115. Renewal, reinstatement, or restoration of  
20 licensure; military service.

21 (a) The expiration date and renewal period for each license  
22 issued under this Act shall be set by the Department.

23 (b) All renewal applicants shall provide proof of having  
24 maintained CPM certification by meeting continuing education  
25 requirements and other requirements set forth by the North

1 American Registry of Midwives and current CPR certification  
2 required under Section 30.

3 (c) Any licensed certified professional midwife who has  
4 permitted his or her license to expire or who has had his or  
5 her license on inactive status may have his or her license  
6 restored by making application to the Department and filing  
7 proof acceptable to the Department of fitness to have the  
8 license restored and by paying the required fees. Proof of  
9 fitness may include evidence attesting to active lawful  
10 practice in another jurisdiction.

11 (d) The Department shall determine, by an evaluation  
12 program, fitness for restoration of a license under this  
13 Section and shall establish procedures and requirements for  
14 restoration.

15 (e) Any licensed certified professional midwife whose  
16 license expired while he or she was (i) in federal service on  
17 active duty with the Armed Forces of the United States or the  
18 State Militia and called into service or training or (ii)  
19 received education under the supervision of the United States  
20 preliminary to induction into the military service may have his  
21 or her license restored without paying any lapsed renewal fees,  
22 if, within 2 years after honorable termination of service,  
23 training, or education, he or she furnishes the Department with  
24 satisfactory evidence to the effect that he or she has been so  
25 engaged.

1           Section 120. Roster. The Department shall maintain a roster  
2 of the names and addresses of all licensees and of all persons  
3 whose licenses have been suspended or revoked. This roster  
4 shall be available upon written request and payment of the  
5 required fee.

6           Section 125. Fees.

7           (a) The Department shall provide for a schedule of fees for  
8 the administration and enforcement of this Act, including  
9 without limitation original licensure, renewal, and  
10 restoration, which fees shall be nonrefundable.

11           (b) All fees collected under this Act shall be deposited  
12 into the General Professions Dedicated Fund and appropriated to  
13 the Department for the ordinary and contingent expenses of the  
14 Department in the administration of this Act.

15           Section 130. Returned checks; fines. Any person who  
16 delivers a check or other payment to the Department that is  
17 returned to the Department unpaid by the financial institution  
18 upon which it is drawn shall pay to the Department, in addition  
19 to the amount already owed to the Department, a fine of \$50.  
20 The fines imposed by this Section are in addition to any other  
21 discipline provided under this Act for unlicensed practice or  
22 practice on a non-renewed license. The Department shall notify  
23 the person that fees and fines shall be paid to the Department  
24 by certified check or money order within 30 calendar days after

1 the notification. If, after the expiration of 30 days from the  
2 date of the notification, the person has failed to submit the  
3 necessary remittance, the Department shall automatically  
4 terminate the license or deny the application, without hearing.  
5 If, after termination or denial, the person seeks a license, he  
6 or she shall apply to the Department for restoration or  
7 issuance of the license and pay all fees and fines due to the  
8 Department. The Department may establish a fee for the  
9 processing of an application for restoration of a license to  
10 defray all expenses of processing the application. The  
11 Secretary may waive the fines due under this Section in  
12 individual cases where the Secretary finds that the fines would  
13 be unreasonable or unnecessarily burdensome.

14 Section 135. Unlicensed practice; civil penalty. Any  
15 person who practices, offers to practice, attempts to practice,  
16 or holds himself or herself out to practice certified  
17 professional midwifery or as a midwife without being licensed  
18 under this Act shall, in addition to any other penalty provided  
19 by law, pay a civil penalty to the Department in an amount not  
20 to exceed \$5,000 for each offense, as determined by the  
21 Department. The civil penalty shall be assessed by the  
22 Department after a hearing is held in accordance with the  
23 provisions set forth in this Act regarding the provision of a  
24 hearing for the discipline of a licensee. The civil penalty  
25 shall be paid within 60 days after the effective date of the

1 order imposing the civil penalty. The order shall constitute a  
2 judgment and may be filed and execution had thereon in the same  
3 manner as any judgment from any court of record. The Department  
4 may investigate any unlicensed activity.

5 Section 140. Grounds for disciplinary action.

6 (a) The Department may refuse to issue or to renew or may  
7 revoke, suspend, place on probation, reprimand, or take other  
8 disciplinary action as the Department may deem proper,  
9 including fines not to exceed \$5,000 for each violation, with  
10 regard to any licensee or license for any one or combination of  
11 the following causes:

12 (1) Violations of this Act or its rules.

13 (2) Material misstatement in furnishing information to  
14 the Department.

15 (3) Conviction of any crime under the laws of any U.S.  
16 jurisdiction that is (i) a felony, (ii) a misdemeanor, an  
17 essential element of which is dishonesty, or (iii) directly  
18 related to the practice of the profession.

19 (4) Making any misrepresentation for the purpose of  
20 obtaining a license.

21 (5) Professional incompetence or gross negligence.

22 (6) Gross malpractice.

23 (7) Aiding or assisting another person in violating any  
24 provision of this Act or its rules.

25 (8) Failing to provide information within 60 days in

1 response to a written request made by the Department.

2 (9) Engaging in dishonorable, unethical, or  
3 unprofessional conduct of a character likely to deceive,  
4 defraud, or harm the public.

5 (10) Habitual or excessive use or addiction to alcohol,  
6 narcotics, stimulants, or any other chemical agent or drug  
7 that results in the inability to practice with reasonable  
8 judgment, skill, or safety.

9 (11) Discipline by another U.S. jurisdiction or  
10 foreign nation if at least one of the grounds for the  
11 discipline is the same or substantially equivalent to those  
12 set forth in this Act.

13 (12) Directly or indirectly giving to or receiving from  
14 any person, firm, corporation, partnership, or association  
15 any fee, commission, rebate, or other form of compensation  
16 for any professional services not actually or personally  
17 rendered. This shall not be deemed to include rent or other  
18 remunerations paid to an individual, partnership, or  
19 corporation by a licensed certified professional midwife  
20 for the lease, rental, or use of space, owned or controlled  
21 by the individual, partnership, corporation, or  
22 association.

23 (13) A finding by the Department that the licensee,  
24 after having his or her license placed on probationary  
25 status, has violated the terms of probation.

26 (14) Abandonment of a patient.

1           (15) Willfully making or filing false records or  
2 reports relating to a licensee's practice, including, but  
3 not limited to, false records filed with State agencies or  
4 departments.

5           (16) Physical illness or mental illness, including,  
6 but not limited to, deterioration through the aging process  
7 or loss of motor skill that results in the inability to  
8 practice the profession with reasonable judgment, skill,  
9 or safety.

10          (17) Failure to provide a patient with a copy of his or  
11 her record upon the written request of the patient.

12          (18) Conviction by any court of competent  
13 jurisdiction, either within or without this State, of any  
14 violation of any law governing the practice of licensed  
15 certified professional midwifery or conviction in this or  
16 another state of any crime that is a felony under the laws  
17 of this State or conviction of a felony in a federal court,  
18 if the Department determines, after investigation, that  
19 the person has not been sufficiently rehabilitated to  
20 warrant the public trust.

21          (19) A finding that licensure has been applied for or  
22 obtained by fraudulent means.

23          (20) Being named as a perpetrator in an indicated  
24 report by the Department of Healthcare and Family Services  
25 under the Abused and Neglected Child Reporting Act and upon  
26 proof by clear and convincing evidence that the licensee

1 has caused a child to be an abused child or a neglected  
2 child, as defined in the Abused and Neglected Child  
3 Reporting Act.

4 (21) Practicing or attempting to practice under a name  
5 other than the full name shown on a license issued under  
6 this Act.

7 (22) Immoral conduct in the commission of any act, such  
8 as sexual abuse, sexual misconduct, or sexual  
9 exploitation, related to the licensee's practice.

10 (23) Maintaining a professional relationship with any  
11 person, firm, or corporation when the licensed certified  
12 professional midwife knows or should know that a person,  
13 firm, or corporation is violating this Act.

14 (24) Failure to provide satisfactory proof of having  
15 participated in approved continuing education programs as  
16 determined by the Board and approved by the Secretary.  
17 Exceptions for extreme hardships are to be defined by the  
18 Department.

19 (b) The Department may refuse to issue or may suspend the  
20 license of any person who fails to (i) file a tax return or to  
21 pay the tax, penalty, or interest shown in a filed return or  
22 (ii) pay any final assessment of the tax, penalty, or interest,  
23 as required by any tax Act administered by the Illinois  
24 Department of Revenue, until the time that the requirements of  
25 that tax Act are satisfied.

26 (c) The determination by a circuit court that a licensee is

1 subject to involuntary admission or judicial admission as  
2 provided in the Mental Health and Developmental Disabilities  
3 Code operates as an automatic suspension. The suspension shall  
4 end only upon a finding by a court that the patient is no  
5 longer subject to involuntary admission or judicial admission,  
6 the issuance of an order so finding and discharging the  
7 patient, and the recommendation of the Board to the Secretary  
8 that the licensee be allowed to resume his or her practice.

9 (d) In enforcing this Section, the Department, upon a  
10 showing of a possible violation, may compel any person licensed  
11 to practice under this Act or who has applied for licensure or  
12 certification pursuant to this Act to submit to a mental or  
13 physical examination, or both, as required by and at the  
14 expense of the Department. The examining physicians shall be  
15 those specifically designated by the Department. The  
16 Department may order an examining physician to present  
17 testimony concerning the mental or physical examination of the  
18 licensee or applicant. No information shall be excluded by  
19 reason of any common law or statutory privilege relating to  
20 communications between the licensee or applicant and the  
21 examining physician. The person to be examined may have, at his  
22 or her own expense, another physician of his or her choice  
23 present during all aspects of the examination. Failure of any  
24 person to submit to a mental or physical examination when  
25 directed shall be grounds for suspension of a license until the  
26 person submits to the examination if the Department finds,

1 after notice and hearing, that the refusal to submit to the  
2 examination was without reasonable cause.

3 If the Department finds an individual unable to practice  
4 because of the reasons set forth in this subsection (d), the  
5 Department may require that individual to submit to care,  
6 counseling, or treatment by physicians approved or designated  
7 by the Department, as a condition, term, or restriction for  
8 continued, reinstated, or renewed licensure to practice or, in  
9 lieu of care, counseling, or treatment, the Department may file  
10 a complaint to immediately suspend, revoke, or otherwise  
11 discipline the license of the individual. Any person whose  
12 license was granted, reinstated, renewed, disciplined, or  
13 supervised subject to such terms, conditions, or restrictions  
14 and who fails to comply with such terms, conditions, or  
15 restrictions shall be referred to the Secretary for a  
16 determination as to whether or not the person shall have his or  
17 her license suspended immediately, pending a hearing by the  
18 Department.

19 In instances in which the Secretary immediately suspends a  
20 person's license under this Section, a hearing on that person's  
21 license must be convened by the Department within 15 days after  
22 the suspension and completed without appreciable delay. The  
23 Department may review the person's record of treatment and  
24 counseling regarding the impairment, to the extent permitted by  
25 applicable federal statutes and regulations safeguarding the  
26 confidentiality of medical records.

1           A person licensed under this Act and affected under this  
2 subsection (d) shall be afforded an opportunity to demonstrate  
3 to the Department that he or she can resume practice in  
4 compliance with acceptable and prevailing standards under the  
5 provisions of his or her license.

6           Section 145. Failure to pay restitution. The Department,  
7 without further process or hearing, shall suspend the license  
8 or other authorization to practice of any person issued under  
9 this Act who has been certified by court order as not having  
10 paid restitution to a person under Section 8A-3.5 of the  
11 Illinois Public Aid Code, under Section 46-1 of the Criminal  
12 Code of 1961, or under Sections 17-8.5 or 17-10.5 of the  
13 Criminal Code of 2012. A person whose license or other  
14 authorization to practice is suspended under this Section is  
15 prohibited from practicing until restitution is made in full.

16           Section 150. Injunction; cease and desist order.

17           (a) If a person violates any provision of this Act, the  
18 Secretary may, in the name of the People of the State of  
19 Illinois, through the Attorney General or the State's Attorney  
20 of any county in which the action is brought, petition for an  
21 order enjoining the violation or enforcing compliance with this  
22 Act. Upon the filing of a verified petition in court, the court  
23 may issue a temporary restraining order, without notice or  
24 bond, and may preliminarily and permanently enjoin the

1 violation. If it is established that the person has violated or  
2 is violating the injunction, the court may punish the offender  
3 for contempt of court. Proceedings under this Section shall be  
4 in addition to, and not in lieu of, all other remedies and  
5 penalties provided by this Act.

6 (b) If any person practices as a licensed certified  
7 professional midwife or holds himself or herself out as a  
8 licensed certified professional midwife without being licensed  
9 under the provisions of this Act, then any licensed certified  
10 professional midwife, any interested party, or any person  
11 injured thereby may, in addition to the Secretary, petition for  
12 relief as provided in subsection (a) of this Section.

13 (c) Whenever, in the opinion of the Department, any person  
14 violates any provision of this Act, the Department may issue a  
15 rule to show cause why an order to cease and desist should not  
16 be entered against that person. The rule shall clearly set  
17 forth the grounds relied upon by the Department and shall  
18 provide a period of 7 days after the date of the rule to file an  
19 answer to the satisfaction of the Department. Failure to answer  
20 to the satisfaction of the Department shall cause an order to  
21 cease and desist to be issued immediately.

22 Section 155. Violation; criminal penalty.

23 (a) Whoever knowingly practices or offers to practice  
24 midwifery in this State without being licensed for that purpose  
25 or exempt under this Act shall be guilty of a Class A

1 misdemeanor and, for each subsequent conviction, shall be  
2 guilty of a Class 4 felony.

3 (b) Notwithstanding any other provision of this Act, all  
4 criminal fines, moneys, or other property collected or received  
5 by the Department under this Section or any other State or  
6 federal statute, including, but not limited to, property  
7 forfeited to the Department under Section 505 of the Illinois  
8 Controlled Substances Act or Section 85 of the Methamphetamine  
9 Control and Community Protection Act, shall be deposited into  
10 the Professional Regulation Evidence Fund.

11 Section 160. Investigation; notice; hearing. The  
12 Department may investigate the actions of any applicant or of  
13 any person or persons holding or claiming to hold a license  
14 under this Act. Before refusing to issue or to renew or taking  
15 any disciplinary action regarding a license, the Department  
16 shall, at least 30 days prior to the date set for the hearing,  
17 notify in writing the applicant or licensee of the nature of  
18 any charges and that a hearing shall be held on a date  
19 designated. The Department shall direct the applicant or  
20 licensee to file a written answer with the Board under oath  
21 within 20 days after the service of the notice and inform the  
22 applicant or licensee that failure to file an answer shall  
23 result in default being taken against the applicant or licensee  
24 and that the license may be suspended, revoked, or placed on  
25 probationary status or that other disciplinary action may be

1 taken, including limiting the scope, nature, or extent of  
2 practice, as the Secretary may deem proper. Written notice may  
3 be served by personal delivery or certified or registered mail  
4 to the respondent at the address of his or her last  
5 notification to the Department. If the person fails to file an  
6 answer after receiving notice, his or her license may, in the  
7 discretion of the Department, be suspended, revoked, or placed  
8 on probationary status, or the Department may take any  
9 disciplinary action deemed proper, including limiting the  
10 scope, nature, or extent of the person's practice or the  
11 imposition of a fine, without a hearing, if the act or acts  
12 charged constitute sufficient grounds for such action under  
13 this Act. At the time and place fixed in the notice, the Board  
14 shall proceed to hear the charges and the parties or their  
15 counsel shall be accorded ample opportunity to present such  
16 statements, testimony, evidence, and argument as may be  
17 pertinent to the charges or to their defense. The Board may  
18 continue a hearing from time to time.

19 Section 165. Formal hearing; preservation of record. The  
20 Department, at its expense, shall preserve a record of all  
21 proceedings at the formal hearing of any case. The notice of  
22 hearing, complaint, and all other documents in the nature of  
23 pleadings and written motions filed in the proceedings, the  
24 transcript of testimony, the report of the Board or hearing  
25 officer, and order of the Department shall be the record of the

1 proceeding. The Department shall furnish a transcript of the  
2 record to any person interested in the hearing upon payment of  
3 the fee required under Section 2105-115 of the Department of  
4 Professional Regulation Law.

5 Section 170. Witnesses; production of documents; contempt.  
6 Any circuit court may upon application of the Department or its  
7 designee or of the applicant or licensee against whom  
8 proceedings under Section 95 of this Act are pending, enter an  
9 order requiring the attendance of witnesses and their testimony  
10 and the production of documents, papers, files, books, and  
11 records in connection with any hearing or investigation. The  
12 court may compel obedience to its order by proceedings for  
13 contempt.

14 Section 175. Subpoena; oaths. The Department shall have the  
15 power to subpoena and bring before it any person in this State  
16 and to take testimony either orally or by deposition or both  
17 with the same fees and mileage and in the same manner as  
18 prescribed in civil cases in circuit courts of this State. The  
19 Secretary, the designated hearing officer, and every member of  
20 the Board has the power to administer oaths to witnesses at any  
21 hearing that the Department is authorized to conduct and any  
22 other oaths authorized in any Act administered by the  
23 Department. Any circuit court may, upon application of the  
24 Department or its designee or upon application of the person

1 against whom proceedings under this Act are pending, enter an  
2 order requiring the attendance of witnesses and their  
3 testimony, and the production of documents, papers, files,  
4 books, and records in connection with any hearing or  
5 investigation. The court may compel obedience to its order by  
6 proceedings for contempt.

7 Section 180. Findings of fact, conclusions of law, and  
8 recommendations. At the conclusion of the hearing the Board  
9 shall present to the Secretary a written report of its findings  
10 of fact, conclusions of law, and recommendations. The report  
11 shall contain a finding as to whether or not the accused person  
12 violated this Act or failed to comply with the conditions  
13 required under this Act. The Board shall specify the nature of  
14 the violation or failure to comply and shall make its  
15 recommendations to the Secretary.

16 The report of findings of fact, conclusions of law, and  
17 recommendations of the Board shall be the basis for the  
18 Department's order. If the Secretary disagrees in any regard  
19 with the report of the Board, the Secretary may issue an order  
20 in contravention of the report. The finding is not admissible  
21 in evidence against the person in a criminal prosecution  
22 brought for the violation of this Act, but the hearing and  
23 findings are not a bar to a criminal prosecution brought for  
24 the violation of this Act.

1           Section 185. Hearing officer. The Secretary may appoint any  
2 attorney duly licensed to practice law in the State of Illinois  
3 to serve as the hearing officer in any action for departmental  
4 refusal to issue, renew, or license an applicant or for  
5 disciplinary action against a licensee. The hearing officer  
6 shall have full authority to conduct the hearing. The hearing  
7 officer shall report his or her findings of fact, conclusions  
8 of law, and recommendations to the Board and the Secretary. The  
9 Board shall have 60 calendar days after receipt of the report  
10 to review the report of the hearing officer and present its  
11 findings of fact, conclusions of law, and recommendations to  
12 the Secretary. If the Board fails to present its report within  
13 the 60-day period, the Secretary may issue an order based on  
14 the report of the hearing officer. If the Secretary disagrees  
15 with the recommendation of the Board or the hearing officer, he  
16 or she may issue an order in contravention of that  
17 recommendation.

18           Section 190. Service of report; motion for rehearing. In  
19 any case involving the discipline of a license, a copy of the  
20 Board's report shall be served upon the respondent by the  
21 Department, either personally or as provided in this Act for  
22 the service of the notice of hearing. Within 20 days after the  
23 service, the respondent may present to the Department a motion  
24 in writing for a rehearing that shall specify the particular  
25 grounds for rehearing. If no motion for rehearing is filed,

1 then upon the expiration of the time specified for filing a  
2 motion, or if a motion for rehearing is denied, then upon the  
3 denial, the Secretary may enter an order in accordance with  
4 this Act. If the respondent orders from the reporting service  
5 and pays for a transcript of the record within the time for  
6 filing a motion for rehearing, the 20-day period within which  
7 the motion may be filed shall commence upon the delivery of the  
8 transcript to the respondent.

9 Section 195. Rehearing. Whenever the Secretary is  
10 satisfied that substantial justice has not been done in the  
11 revocation, suspension, or refusal to issue or renew a license,  
12 the Secretary may order a rehearing by the same or another  
13 hearing officer or by the Board.

14 Section 200. Prima facie proof. An order or a certified  
15 copy thereof, over the seal of the Department and purporting to  
16 be signed by the Secretary, shall be prima facie proof of the  
17 following:

18 (1) that the signature is the genuine signature of the  
19 Secretary;

20 (2) that such Secretary is duly appointed and qualified;  
21 and

22 (3) that the Board and its members are qualified to act.

23 Section 205. Restoration of license. At any time after the

1 suspension or revocation of any license, the Department may  
2 restore the license to the accused person, unless after an  
3 investigation and a hearing the Department determines that  
4 restoration is not in the public interest.

5 Section 210. Surrender of license. Upon the revocation or  
6 suspension of any license, the licensee shall immediately  
7 surrender the license to the Department. If the licensee fails  
8 to do so, the Department shall have the right to seize the  
9 license.

10 Section 215. Summary suspension. The Secretary may  
11 summarily suspend the license of a licensee under this Act  
12 without a hearing, simultaneously with the institution of  
13 proceedings for a hearing provided for in this Act, if the  
14 Secretary finds that evidence in his or her possession  
15 indicates that continuation in practice would constitute an  
16 imminent danger to the public. In the event that the Secretary  
17 summarily suspends a license without a hearing, a hearing by  
18 the Department must be held within 30 days after the suspension  
19 has occurred.

20 Section 220. Certificate of record. The Department shall  
21 not be required to certify any record to the court or file any  
22 answer in court or otherwise appear in any court in a judicial  
23 review proceeding, unless there is filed in the court, with the

1 complaint, a receipt from the Department acknowledging payment  
2 of the costs of furnishing and certifying the record. Failure  
3 on the part of the plaintiff to file a receipt in court shall  
4 be grounds for dismissal of the action.

5 Section 225. Administrative Review Law. All final  
6 administrative decisions of the Department are subject to  
7 judicial review under the Administrative Review Law and its  
8 rules. The term "administrative decision" is defined as in  
9 Section 3-101 of the Code of Civil Procedure.

10 Section 230. Illinois Administrative Procedure Act. The  
11 Illinois Administrative Procedure Act is hereby expressly  
12 adopted and incorporated in this Act as if all of the  
13 provisions of such Act were included in this Act, except that  
14 the provision of subsection (d) of Section 10-65 of the  
15 Illinois Administrative Procedure Act that provides that at  
16 hearings the licensee has the right to show compliance with all  
17 lawful requirements for retention, continuation, or renewal of  
18 the license is specifically excluded. For purposes of this Act,  
19 the notice required under Section 10-25 of the Illinois  
20 Administrative Procedure Act is deemed sufficient when mailed  
21 to the last known address of a party.

22 Section 235. Home rule. The regulation and licensing of  
23 midwives are exclusive powers and functions of the State. A

1 home rule unit may not regulate or license midwives. This  
2 Section is a denial and limitation of home rule powers and  
3 functions under subsection (h) of Section 6 of Article VII of  
4 the Illinois Constitution.

5 Section 240. Severability. The provisions of this Act are  
6 severable under Section 1.31 of the Statute on Statutes.

7 Section 245. The Regulatory Sunset Act is amended by adding  
8 Section 4.37 as follows:

9 (5 ILCS 80/4.37 new)

10 Sec. 4.37. Act repealed on January 1, 2027. The following  
11 Act is repealed on January 1, 2027:

12 The Home Birth Safety Act.

13 Section 250. The Medical Practice Act of 1987 is amended by  
14 changing Section 4 as follows:

15 (225 ILCS 60/4) (from Ch. 111, par. 4400-4)

16 (Section scheduled to be repealed on December 31, 2016)

17 Sec. 4. Exemptions. This Act does not apply to the  
18 following:

19 (1) persons lawfully carrying on their particular  
20 profession or business under any valid existing regulatory  
21 Act of this State, including without limitation persons

1       engaged in the practice of midwifery who are licensed under  
2       the Home Birth Safety Act;

3           (2) persons rendering gratuitous services in cases of  
4       emergency; or

5           (3) persons treating human ailments by prayer or  
6       spiritual means as an exercise or enjoyment of religious  
7       freedom.

8       (Source: P.A. 96-7, eff. 4-3-09; 97-622, eff. 11-23-11.)

9           Section 255. The Nurse Practice Act is amended by changing  
10       Section 50-15 as follows:

11           (225 ILCS 65/50-15)   (was 225 ILCS 65/5-15)

12           (Section scheduled to be repealed on January 1, 2018)

13       Sec. 50-15. Policy; application of Act.

14           (a) For the protection of life and the promotion of health,  
15       and the prevention of illness and communicable diseases, any  
16       person practicing or offering to practice advanced,  
17       professional, or practical nursing in Illinois shall submit  
18       evidence that he or she is qualified to practice, and shall be  
19       licensed as provided under this Act. No person shall practice  
20       or offer to practice advanced, professional, or practical  
21       nursing in Illinois or use any title, sign, card or device to  
22       indicate that such a person is practicing professional or  
23       practical nursing unless such person has been licensed under  
24       the provisions of this Act.

1 (b) This Act does not prohibit the following:

2 (1) The practice of nursing in Federal employment in  
3 the discharge of the employee's duties by a person who is  
4 employed by the United States government or any bureau,  
5 division or agency thereof and is a legally qualified and  
6 licensed nurse of another state or territory and not in  
7 conflict with Sections 50-50, 55-10, 60-10, and 70-5 of  
8 this Act.

9 (2) Nursing that is included in the program of study by  
10 students enrolled in programs of nursing or in current  
11 nurse practice update courses approved by the Department.

12 (3) The furnishing of nursing assistance in an  
13 emergency.

14 (4) The practice of nursing by a nurse who holds an  
15 active license in another state when providing services to  
16 patients in Illinois during a bonafide emergency or in  
17 immediate preparation for or during interstate transit.

18 (5) The incidental care of the sick by members of the  
19 family, domestic servants or housekeepers, or care of the  
20 sick where treatment is by prayer or spiritual means.

21 (6) Persons from being employed as unlicensed  
22 assistive personnel in private homes, long term care  
23 facilities, nurseries, hospitals or other institutions.

24 (7) The practice of practical nursing by one who is a  
25 licensed practical nurse under the laws of another U.S.  
26 jurisdiction and has applied in writing to the Department,

1 in form and substance satisfactory to the Department, for a  
2 license as a licensed practical nurse and who is qualified  
3 to receive such license under this Act, until (i) the  
4 expiration of 6 months after the filing of such written  
5 application, (ii) the withdrawal of such application, or  
6 (iii) the denial of such application by the Department.

7 (8) The practice of advanced practice nursing by one  
8 who is an advanced practice nurse under the laws of another  
9 state, territory of the United States, or country and has  
10 applied in writing to the Department, in form and substance  
11 satisfactory to the Department, for a license as an  
12 advanced practice nurse and who is qualified to receive  
13 such license under this Act, until (i) the expiration of 6  
14 months after the filing of such written application, (ii)  
15 the withdrawal of such application, or (iii) the denial of  
16 such application by the Department.

17 (9) The practice of professional nursing by one who is  
18 a registered professional nurse under the laws of another  
19 state, territory of the United States or country and has  
20 applied in writing to the Department, in form and substance  
21 satisfactory to the Department, for a license as a  
22 registered professional nurse and who is qualified to  
23 receive such license under Section 55-10, until (1) the  
24 expiration of 6 months after the filing of such written  
25 application, (2) the withdrawal of such application, or (3)  
26 the denial of such application by the Department.

1           (10) The practice of professional nursing that is  
2 included in a program of study by one who is a registered  
3 professional nurse under the laws of another state or  
4 territory of the United States or foreign country,  
5 territory or province and who is enrolled in a graduate  
6 nursing education program or a program for the completion  
7 of a baccalaureate nursing degree in this State, which  
8 includes clinical supervision by faculty as determined by  
9 the educational institution offering the program and the  
10 health care organization where the practice of nursing  
11 occurs.

12           (11) Any person licensed in this State under any other  
13 Act from engaging in the practice for which she or he is  
14 licensed, including without limitation any person engaged  
15 in the practice of midwifery who is licensed under the Home  
16 Birth Safety Act.

17           (12) Delegation to authorized direct care staff  
18 trained under Section 15.4 of the Mental Health and  
19 Developmental Disabilities Administrative Act consistent  
20 with the policies of the Department.

21           (13) The practice, services, or activities of persons  
22 practicing the specified occupations set forth in  
23 subsection (a) of, and pursuant to a licensing exemption  
24 granted in subsection (b) or (d) of, Section 2105-350 of  
25 the Department of Professional Regulation Law of the Civil  
26 Administrative Code of Illinois, but only for so long as

1 the 2016 Olympic and Paralympic Games Professional  
2 Licensure Exemption Law is operable.

3 (14) County correctional personnel from delivering  
4 prepackaged medication for self-administration to an  
5 individual detainee in a correctional facility.

6 Nothing in this Act shall be construed to limit the  
7 delegation of tasks or duties by a physician, dentist, or  
8 podiatric physician to a licensed practical nurse, a registered  
9 professional nurse, or other persons.

10 (Source: P.A. 98-214, eff. 8-9-13.)

11 Section 260. The Illinois Public Aid Code is amended by  
12 changing Section 5-5 as follows:

13 (305 ILCS 5/5-5) (from Ch. 23, par. 5-5)

14 (Text of Section before amendment by P.A. 99-407)

15 Sec. 5-5. Medical services. The Illinois Department, by  
16 rule, shall determine the quantity and quality of and the rate  
17 of reimbursement for the medical assistance for which payment  
18 will be authorized, and the medical services to be provided,  
19 which may include all or part of the following: (1) inpatient  
20 hospital services; (2) outpatient hospital services; (3) other  
21 laboratory and X-ray services; (4) skilled nursing home  
22 services; (5) physicians' services whether furnished in the  
23 office, the patient's home, a hospital, a skilled nursing home,  
24 or elsewhere; (6) medical care, or any other type of remedial

1 care furnished by licensed practitioners, including the  
2 services of certified professional midwives licensed pursuant  
3 to the Home Birth Safety Act; (7) home health care services;  
4 (8) private duty nursing service; (9) clinic services; (10)  
5 dental services, including prevention and treatment of  
6 periodontal disease and dental caries disease for pregnant  
7 women, provided by an individual licensed to practice dentistry  
8 or dental surgery; for purposes of this item (10), "dental  
9 services" means diagnostic, preventive, or corrective  
10 procedures provided by or under the supervision of a dentist in  
11 the practice of his or her profession; (11) physical therapy  
12 and related services; (12) prescribed drugs, dentures, and  
13 prosthetic devices; and eyeglasses prescribed by a physician  
14 skilled in the diseases of the eye, or by an optometrist,  
15 whichever the person may select; (13) other diagnostic,  
16 screening, preventive, and rehabilitative services, including  
17 to ensure that the individual's need for intervention or  
18 treatment of mental disorders or substance use disorders or  
19 co-occurring mental health and substance use disorders is  
20 determined using a uniform screening, assessment, and  
21 evaluation process inclusive of criteria, for children and  
22 adults; for purposes of this item (13), a uniform screening,  
23 assessment, and evaluation process refers to a process that  
24 includes an appropriate evaluation and, as warranted, a  
25 referral; "uniform" does not mean the use of a singular  
26 instrument, tool, or process that all must utilize; (14)

1 transportation and such other expenses as may be necessary;  
2 (15) medical treatment of sexual assault survivors, as defined  
3 in Section 1a of the Sexual Assault Survivors Emergency  
4 Treatment Act, for injuries sustained as a result of the sexual  
5 assault, including examinations and laboratory tests to  
6 discover evidence which may be used in criminal proceedings  
7 arising from the sexual assault; (16) the diagnosis and  
8 treatment of sickle cell anemia; and (17) any other medical  
9 care, and any other type of remedial care recognized under the  
10 laws of this State, but not including abortions, or induced  
11 miscarriages or premature births, unless, in the opinion of a  
12 physician, such procedures are necessary for the preservation  
13 of the life of the woman seeking such treatment, or except an  
14 induced premature birth intended to produce a live viable child  
15 and such procedure is necessary for the health of the mother or  
16 her unborn child. The Illinois Department, by rule, shall  
17 prohibit any physician from providing medical assistance to  
18 anyone eligible therefor under this Code where such physician  
19 has been found guilty of performing an abortion procedure in a  
20 wilful and wanton manner upon a woman who was not pregnant at  
21 the time such abortion procedure was performed. The term "any  
22 other type of remedial care" shall include nursing care and  
23 nursing home service for persons who rely on treatment by  
24 spiritual means alone through prayer for healing.

25 Notwithstanding any other provision of this Section, a  
26 comprehensive tobacco use cessation program that includes

1 purchasing prescription drugs or prescription medical devices  
2 approved by the Food and Drug Administration shall be covered  
3 under the medical assistance program under this Article for  
4 persons who are otherwise eligible for assistance under this  
5 Article.

6 Notwithstanding any other provision of this Code, the  
7 Illinois Department may not require, as a condition of payment  
8 for any laboratory test authorized under this Article, that a  
9 physician's handwritten signature appear on the laboratory  
10 test order form. The Illinois Department may, however, impose  
11 other appropriate requirements regarding laboratory test order  
12 documentation.

13 Upon receipt of federal approval of an amendment to the  
14 Illinois Title XIX State Plan for this purpose, the Department  
15 shall authorize the Chicago Public Schools (CPS) to procure a  
16 vendor or vendors to manufacture eyeglasses for individuals  
17 enrolled in a school within the CPS system. CPS shall ensure  
18 that its vendor or vendors are enrolled as providers in the  
19 medical assistance program and in any capitated Medicaid  
20 managed care entity (MCE) serving individuals enrolled in a  
21 school within the CPS system. Under any contract procured under  
22 this provision, the vendor or vendors must serve only  
23 individuals enrolled in a school within the CPS system. Claims  
24 for services provided by CPS's vendor or vendors to recipients  
25 of benefits in the medical assistance program under this Code,  
26 the Children's Health Insurance Program, or the Covering ALL

1 KIDS Health Insurance Program shall be submitted to the  
2 Department or the MCE in which the individual is enrolled for  
3 payment and shall be reimbursed at the Department's or the  
4 MCE's established rates or rate methodologies for eyeglasses.

5 On and after July 1, 2012, the Department of Healthcare and  
6 Family Services may provide the following services to persons  
7 eligible for assistance under this Article who are  
8 participating in education, training or employment programs  
9 operated by the Department of Human Services as successor to  
10 the Department of Public Aid:

11 (1) dental services provided by or under the  
12 supervision of a dentist; and

13 (2) eyeglasses prescribed by a physician skilled in the  
14 diseases of the eye, or by an optometrist, whichever the  
15 person may select.

16 Notwithstanding any other provision of this Code and  
17 subject to federal approval, the Department may adopt rules to  
18 allow a dentist who is volunteering his or her service at no  
19 cost to render dental services through an enrolled  
20 not-for-profit health clinic without the dentist personally  
21 enrolling as a participating provider in the medical assistance  
22 program. A not-for-profit health clinic shall include a public  
23 health clinic or Federally Qualified Health Center or other  
24 enrolled provider, as determined by the Department, through  
25 which dental services covered under this Section are performed.  
26 The Department shall establish a process for payment of claims

1 for reimbursement for covered dental services rendered under  
2 this provision.

3 The Illinois Department, by rule, may distinguish and  
4 classify the medical services to be provided only in accordance  
5 with the classes of persons designated in Section 5-2.

6 The Department of Healthcare and Family Services must  
7 provide coverage and reimbursement for amino acid-based  
8 elemental formulas, regardless of delivery method, for the  
9 diagnosis and treatment of (i) eosinophilic disorders and (ii)  
10 short bowel syndrome when the prescribing physician has issued  
11 a written order stating that the amino acid-based elemental  
12 formula is medically necessary.

13 The Illinois Department shall authorize the provision of,  
14 and shall authorize payment for, screening by low-dose  
15 mammography for the presence of occult breast cancer for women  
16 35 years of age or older who are eligible for medical  
17 assistance under this Article, as follows:

18 (A) A baseline mammogram for women 35 to 39 years of  
19 age.

20 (B) An annual mammogram for women 40 years of age or  
21 older.

22 (C) A mammogram at the age and intervals considered  
23 medically necessary by the woman's health care provider for  
24 women under 40 years of age and having a family history of  
25 breast cancer, prior personal history of breast cancer,  
26 positive genetic testing, or other risk factors.

1           (D) A comprehensive ultrasound screening of an entire  
2 breast or breasts if a mammogram demonstrates  
3 heterogeneous or dense breast tissue, when medically  
4 necessary as determined by a physician licensed to practice  
5 medicine in all of its branches.

6           (E) A screening MRI when medically necessary, as  
7 determined by a physician licensed to practice medicine in  
8 all of its branches.

9           All screenings shall include a physical breast exam,  
10 instruction on self-examination and information regarding the  
11 frequency of self-examination and its value as a preventative  
12 tool. For purposes of this Section, "low-dose mammography"  
13 means the x-ray examination of the breast using equipment  
14 dedicated specifically for mammography, including the x-ray  
15 tube, filter, compression device, and image receptor, with an  
16 average radiation exposure delivery of less than one rad per  
17 breast for 2 views of an average size breast. The term also  
18 includes digital mammography.

19           On and after January 1, 2016, the Department shall ensure  
20 that all networks of care for adult clients of the Department  
21 include access to at least one breast imaging Center of Imaging  
22 Excellence as certified by the American College of Radiology.

23           On and after January 1, 2012, providers participating in a  
24 quality improvement program approved by the Department shall be  
25 reimbursed for screening and diagnostic mammography at the same  
26 rate as the Medicare program's rates, including the increased

1 reimbursement for digital mammography.

2 The Department shall convene an expert panel including  
3 representatives of hospitals, free-standing mammography  
4 facilities, and doctors, including radiologists, to establish  
5 quality standards for mammography.

6 On and after January 1, 2017, providers participating in a  
7 breast cancer treatment quality improvement program approved  
8 by the Department shall be reimbursed for breast cancer  
9 treatment at a rate that is no lower than 95% of the Medicare  
10 program's rates for the data elements included in the breast  
11 cancer treatment quality program.

12 The Department shall convene an expert panel, including  
13 representatives of hospitals, free standing breast cancer  
14 treatment centers, breast cancer quality organizations, and  
15 doctors, including breast surgeons, reconstructive breast  
16 surgeons, oncologists, and primary care providers to establish  
17 quality standards for breast cancer treatment.

18 Subject to federal approval, the Department shall  
19 establish a rate methodology for mammography at federally  
20 qualified health centers and other encounter-rate clinics.  
21 These clinics or centers may also collaborate with other  
22 hospital-based mammography facilities. By January 1, 2016, the  
23 Department shall report to the General Assembly on the status  
24 of the provision set forth in this paragraph.

25 The Department shall establish a methodology to remind  
26 women who are age-appropriate for screening mammography, but

1 who have not received a mammogram within the previous 18  
2 months, of the importance and benefit of screening mammography.  
3 The Department shall work with experts in breast cancer  
4 outreach and patient navigation to optimize these reminders and  
5 shall establish a methodology for evaluating their  
6 effectiveness and modifying the methodology based on the  
7 evaluation.

8 The Department shall establish a performance goal for  
9 primary care providers with respect to their female patients  
10 over age 40 receiving an annual mammogram. This performance  
11 goal shall be used to provide additional reimbursement in the  
12 form of a quality performance bonus to primary care providers  
13 who meet that goal.

14 The Department shall devise a means of case-managing or  
15 patient navigation for beneficiaries diagnosed with breast  
16 cancer. This program shall initially operate as a pilot program  
17 in areas of the State with the highest incidence of mortality  
18 related to breast cancer. At least one pilot program site shall  
19 be in the metropolitan Chicago area and at least one site shall  
20 be outside the metropolitan Chicago area. On or after July 1,  
21 2016, the pilot program shall be expanded to include one site  
22 in western Illinois, one site in southern Illinois, one site in  
23 central Illinois, and 4 sites within metropolitan Chicago. An  
24 evaluation of the pilot program shall be carried out measuring  
25 health outcomes and cost of care for those served by the pilot  
26 program compared to similarly situated patients who are not

1 served by the pilot program.

2 The Department shall require all networks of care to  
3 develop a means either internally or by contract with experts  
4 in navigation and community outreach to navigate cancer  
5 patients to comprehensive care in a timely fashion. The  
6 Department shall require all networks of care to include access  
7 for patients diagnosed with cancer to at least one academic  
8 commission on cancer-accredited cancer program as an  
9 in-network covered benefit.

10 Any medical or health care provider shall immediately  
11 recommend, to any pregnant woman who is being provided prenatal  
12 services and is suspected of drug abuse or is addicted as  
13 defined in the Alcoholism and Other Drug Abuse and Dependency  
14 Act, referral to a local substance abuse treatment provider  
15 licensed by the Department of Human Services or to a licensed  
16 hospital which provides substance abuse treatment services.  
17 The Department of Healthcare and Family Services shall assure  
18 coverage for the cost of treatment of the drug abuse or  
19 addiction for pregnant recipients in accordance with the  
20 Illinois Medicaid Program in conjunction with the Department of  
21 Human Services.

22 All medical providers providing medical assistance to  
23 pregnant women under this Code shall receive information from  
24 the Department on the availability of services under the Drug  
25 Free Families with a Future or any comparable program providing  
26 case management services for addicted women, including

1 information on appropriate referrals for other social services  
2 that may be needed by addicted women in addition to treatment  
3 for addiction.

4 The Illinois Department, in cooperation with the  
5 Departments of Human Services (as successor to the Department  
6 of Alcoholism and Substance Abuse) and Public Health, through a  
7 public awareness campaign, may provide information concerning  
8 treatment for alcoholism and drug abuse and addiction, prenatal  
9 health care, and other pertinent programs directed at reducing  
10 the number of drug-affected infants born to recipients of  
11 medical assistance.

12 Neither the Department of Healthcare and Family Services  
13 nor the Department of Human Services shall sanction the  
14 recipient solely on the basis of her substance abuse.

15 The Illinois Department shall establish such regulations  
16 governing the dispensing of health services under this Article  
17 as it shall deem appropriate. The Department should seek the  
18 advice of formal professional advisory committees appointed by  
19 the Director of the Illinois Department for the purpose of  
20 providing regular advice on policy and administrative matters,  
21 information dissemination and educational activities for  
22 medical and health care providers, and consistency in  
23 procedures to the Illinois Department.

24 The Illinois Department may develop and contract with  
25 Partnerships of medical providers to arrange medical services  
26 for persons eligible under Section 5-2 of this Code.

1 Implementation of this Section may be by demonstration projects  
2 in certain geographic areas. The Partnership shall be  
3 represented by a sponsor organization. The Department, by rule,  
4 shall develop qualifications for sponsors of Partnerships.  
5 Nothing in this Section shall be construed to require that the  
6 sponsor organization be a medical organization.

7 The sponsor must negotiate formal written contracts with  
8 medical providers for physician services, inpatient and  
9 outpatient hospital care, home health services, treatment for  
10 alcoholism and substance abuse, and other services determined  
11 necessary by the Illinois Department by rule for delivery by  
12 Partnerships. Physician services must include prenatal and  
13 obstetrical care. The Illinois Department shall reimburse  
14 medical services delivered by Partnership providers to clients  
15 in target areas according to provisions of this Article and the  
16 Illinois Health Finance Reform Act, except that:

17 (1) Physicians participating in a Partnership and  
18 providing certain services, which shall be determined by  
19 the Illinois Department, to persons in areas covered by the  
20 Partnership may receive an additional surcharge for such  
21 services.

22 (2) The Department may elect to consider and negotiate  
23 financial incentives to encourage the development of  
24 Partnerships and the efficient delivery of medical care.

25 (3) Persons receiving medical services through  
26 Partnerships may receive medical and case management

1 services above the level usually offered through the  
2 medical assistance program.

3 Medical providers shall be required to meet certain  
4 qualifications to participate in Partnerships to ensure the  
5 delivery of high quality medical services. These  
6 qualifications shall be determined by rule of the Illinois  
7 Department and may be higher than qualifications for  
8 participation in the medical assistance program. Partnership  
9 sponsors may prescribe reasonable additional qualifications  
10 for participation by medical providers, only with the prior  
11 written approval of the Illinois Department.

12 Nothing in this Section shall limit the free choice of  
13 practitioners, hospitals, and other providers of medical  
14 services by clients. In order to ensure patient freedom of  
15 choice, the Illinois Department shall immediately promulgate  
16 all rules and take all other necessary actions so that provided  
17 services may be accessed from therapeutically certified  
18 optometrists to the full extent of the Illinois Optometric  
19 Practice Act of 1987 without discriminating between service  
20 providers.

21 The Department shall apply for a waiver from the United  
22 States Health Care Financing Administration to allow for the  
23 implementation of Partnerships under this Section.

24 The Illinois Department shall require health care  
25 providers to maintain records that document the medical care  
26 and services provided to recipients of Medical Assistance under

1 this Article. Such records must be retained for a period of not  
2 less than 6 years from the date of service or as provided by  
3 applicable State law, whichever period is longer, except that  
4 if an audit is initiated within the required retention period  
5 then the records must be retained until the audit is completed  
6 and every exception is resolved. The Illinois Department shall  
7 require health care providers to make available, when  
8 authorized by the patient, in writing, the medical records in a  
9 timely fashion to other health care providers who are treating  
10 or serving persons eligible for Medical Assistance under this  
11 Article. All dispensers of medical services shall be required  
12 to maintain and retain business and professional records  
13 sufficient to fully and accurately document the nature, scope,  
14 details and receipt of the health care provided to persons  
15 eligible for medical assistance under this Code, in accordance  
16 with regulations promulgated by the Illinois Department. The  
17 rules and regulations shall require that proof of the receipt  
18 of prescription drugs, dentures, prosthetic devices and  
19 eyeglasses by eligible persons under this Section accompany  
20 each claim for reimbursement submitted by the dispenser of such  
21 medical services. No such claims for reimbursement shall be  
22 approved for payment by the Illinois Department without such  
23 proof of receipt, unless the Illinois Department shall have put  
24 into effect and shall be operating a system of post-payment  
25 audit and review which shall, on a sampling basis, be deemed  
26 adequate by the Illinois Department to assure that such drugs,

1 dentures, prosthetic devices and eyeglasses for which payment  
2 is being made are actually being received by eligible  
3 recipients. Within 90 days after September 16, 1984 (the  
4 effective date of Public Act 83-1439) ~~this amendatory Act of~~  
5 ~~1984~~, the Illinois Department shall establish a current list of  
6 acquisition costs for all prosthetic devices and any other  
7 items recognized as medical equipment and supplies  
8 reimbursable under this Article and shall update such list on a  
9 quarterly basis, except that the acquisition costs of all  
10 prescription drugs shall be updated no less frequently than  
11 every 30 days as required by Section 5-5.12.

12 The rules and regulations of the Illinois Department shall  
13 require that a written statement including the required opinion  
14 of a physician shall accompany any claim for reimbursement for  
15 abortions, or induced miscarriages or premature births. This  
16 statement shall indicate what procedures were used in providing  
17 such medical services.

18 Notwithstanding any other law to the contrary, the Illinois  
19 Department shall, within 365 days after July 22, 2013 (the  
20 effective date of Public Act 98-104), establish procedures to  
21 permit skilled care facilities licensed under the Nursing Home  
22 Care Act to submit monthly billing claims for reimbursement  
23 purposes. Following development of these procedures, the  
24 Department shall, by July 1, 2016, test the viability of the  
25 new system and implement any necessary operational or  
26 structural changes to its information technology platforms in

1 order to allow for the direct acceptance and payment of nursing  
2 home claims.

3 Notwithstanding any other law to the contrary, the Illinois  
4 Department shall, within 365 days after August 15, 2014 (the  
5 effective date of Public Act 98-963), establish procedures to  
6 permit ID/DD facilities licensed under the ID/DD Community Care  
7 Act and MC/DD facilities licensed under the MC/DD Act to submit  
8 monthly billing claims for reimbursement purposes. Following  
9 development of these procedures, the Department shall have an  
10 additional 365 days to test the viability of the new system and  
11 to ensure that any necessary operational or structural changes  
12 to its information technology platforms are implemented.

13 The Illinois Department shall require all dispensers of  
14 medical services, other than an individual practitioner or  
15 group of practitioners, desiring to participate in the Medical  
16 Assistance program established under this Article to disclose  
17 all financial, beneficial, ownership, equity, surety or other  
18 interests in any and all firms, corporations, partnerships,  
19 associations, business enterprises, joint ventures, agencies,  
20 institutions or other legal entities providing any form of  
21 health care services in this State under this Article.

22 The Illinois Department may require that all dispensers of  
23 medical services desiring to participate in the medical  
24 assistance program established under this Article disclose,  
25 under such terms and conditions as the Illinois Department may  
26 by rule establish, all inquiries from clients and attorneys

1 regarding medical bills paid by the Illinois Department, which  
2 inquiries could indicate potential existence of claims or liens  
3 for the Illinois Department.

4 Enrollment of a vendor shall be subject to a provisional  
5 period and shall be conditional for one year. During the period  
6 of conditional enrollment, the Department may terminate the  
7 vendor's eligibility to participate in, or may disenroll the  
8 vendor from, the medical assistance program without cause.  
9 Unless otherwise specified, such termination of eligibility or  
10 disenrollment is not subject to the Department's hearing  
11 process. However, a disenrolled vendor may reapply without  
12 penalty.

13 The Department has the discretion to limit the conditional  
14 enrollment period for vendors based upon category of risk of  
15 the vendor.

16 Prior to enrollment and during the conditional enrollment  
17 period in the medical assistance program, all vendors shall be  
18 subject to enhanced oversight, screening, and review based on  
19 the risk of fraud, waste, and abuse that is posed by the  
20 category of risk of the vendor. The Illinois Department shall  
21 establish the procedures for oversight, screening, and review,  
22 which may include, but need not be limited to: criminal and  
23 financial background checks; fingerprinting; license,  
24 certification, and authorization verifications; unscheduled or  
25 unannounced site visits; database checks; prepayment audit  
26 reviews; audits; payment caps; payment suspensions; and other

1 screening as required by federal or State law.

2 The Department shall define or specify the following: (i)  
3 by provider notice, the "category of risk of the vendor" for  
4 each type of vendor, which shall take into account the level of  
5 screening applicable to a particular category of vendor under  
6 federal law and regulations; (ii) by rule or provider notice,  
7 the maximum length of the conditional enrollment period for  
8 each category of risk of the vendor; and (iii) by rule, the  
9 hearing rights, if any, afforded to a vendor in each category  
10 of risk of the vendor that is terminated or disenrolled during  
11 the conditional enrollment period.

12 To be eligible for payment consideration, a vendor's  
13 payment claim or bill, either as an initial claim or as a  
14 resubmitted claim following prior rejection, must be received  
15 by the Illinois Department, or its fiscal intermediary, no  
16 later than 180 days after the latest date on the claim on which  
17 medical goods or services were provided, with the following  
18 exceptions:

19 (1) In the case of a provider whose enrollment is in  
20 process by the Illinois Department, the 180-day period  
21 shall not begin until the date on the written notice from  
22 the Illinois Department that the provider enrollment is  
23 complete.

24 (2) In the case of errors attributable to the Illinois  
25 Department or any of its claims processing intermediaries  
26 which result in an inability to receive, process, or

1 adjudicate a claim, the 180-day period shall not begin  
2 until the provider has been notified of the error.

3 (3) In the case of a provider for whom the Illinois  
4 Department initiates the monthly billing process.

5 (4) In the case of a provider operated by a unit of  
6 local government with a population exceeding 3,000,000  
7 when local government funds finance federal participation  
8 for claims payments.

9 For claims for services rendered during a period for which  
10 a recipient received retroactive eligibility, claims must be  
11 filed within 180 days after the Department determines the  
12 applicant is eligible. For claims for which the Illinois  
13 Department is not the primary payer, claims must be submitted  
14 to the Illinois Department within 180 days after the final  
15 adjudication by the primary payer.

16 In the case of long term care facilities, within 5 days of  
17 receipt by the facility of required prescreening information,  
18 data for new admissions shall be entered into the Medical  
19 Electronic Data Interchange (MEDI) or the Recipient  
20 Eligibility Verification (REV) System or successor system, and  
21 within 15 days of receipt by the facility of required  
22 prescreening information, admission documents shall be  
23 submitted through MEDI or REV or shall be submitted directly to  
24 the Department of Human Services using required admission  
25 forms. Effective September 1, 2014, admission documents,  
26 including all prescreening information, must be submitted

1 through MEDI or REV. Confirmation numbers assigned to an  
2 accepted transaction shall be retained by a facility to verify  
3 timely submittal. Once an admission transaction has been  
4 completed, all resubmitted claims following prior rejection  
5 are subject to receipt no later than 180 days after the  
6 admission transaction has been completed.

7 Claims that are not submitted and received in compliance  
8 with the foregoing requirements shall not be eligible for  
9 payment under the medical assistance program, and the State  
10 shall have no liability for payment of those claims.

11 To the extent consistent with applicable information and  
12 privacy, security, and disclosure laws, State and federal  
13 agencies and departments shall provide the Illinois Department  
14 access to confidential and other information and data necessary  
15 to perform eligibility and payment verifications and other  
16 Illinois Department functions. This includes, but is not  
17 limited to: information pertaining to licensure;  
18 certification; earnings; immigration status; citizenship; wage  
19 reporting; unearned and earned income; pension income;  
20 employment; supplemental security income; social security  
21 numbers; National Provider Identifier (NPI) numbers; the  
22 National Practitioner Data Bank (NPDB); program and agency  
23 exclusions; taxpayer identification numbers; tax delinquency;  
24 corporate information; and death records.

25 The Illinois Department shall enter into agreements with  
26 State agencies and departments, and is authorized to enter into

1 agreements with federal agencies and departments, under which  
2 such agencies and departments shall share data necessary for  
3 medical assistance program integrity functions and oversight.  
4 The Illinois Department shall develop, in cooperation with  
5 other State departments and agencies, and in compliance with  
6 applicable federal laws and regulations, appropriate and  
7 effective methods to share such data. At a minimum, and to the  
8 extent necessary to provide data sharing, the Illinois  
9 Department shall enter into agreements with State agencies and  
10 departments, and is authorized to enter into agreements with  
11 federal agencies and departments, including but not limited to:  
12 the Secretary of State; the Department of Revenue; the  
13 Department of Public Health; the Department of Human Services;  
14 and the Department of Financial and Professional Regulation.

15 Beginning in fiscal year 2013, the Illinois Department  
16 shall set forth a request for information to identify the  
17 benefits of a pre-payment, post-adjudication, and post-edit  
18 claims system with the goals of streamlining claims processing  
19 and provider reimbursement, reducing the number of pending or  
20 rejected claims, and helping to ensure a more transparent  
21 adjudication process through the utilization of: (i) provider  
22 data verification and provider screening technology; and (ii)  
23 clinical code editing; and (iii) pre-pay, pre- or  
24 post-adjudicated predictive modeling with an integrated case  
25 management system with link analysis. Such a request for  
26 information shall not be considered as a request for proposal

1 or as an obligation on the part of the Illinois Department to  
2 take any action or acquire any products or services.

3 The Illinois Department shall establish policies,  
4 procedures, standards and criteria by rule for the acquisition,  
5 repair and replacement of orthotic and prosthetic devices and  
6 durable medical equipment. Such rules shall provide, but not be  
7 limited to, the following services: (1) immediate repair or  
8 replacement of such devices by recipients; and (2) rental,  
9 lease, purchase or lease-purchase of durable medical equipment  
10 in a cost-effective manner, taking into consideration the  
11 recipient's medical prognosis, the extent of the recipient's  
12 needs, and the requirements and costs for maintaining such  
13 equipment. Subject to prior approval, such rules shall enable a  
14 recipient to temporarily acquire and use alternative or  
15 substitute devices or equipment pending repairs or  
16 replacements of any device or equipment previously authorized  
17 for such recipient by the Department.

18 The Department shall execute, relative to the nursing home  
19 prescreening project, written inter-agency agreements with the  
20 Department of Human Services and the Department on Aging, to  
21 effect the following: (i) intake procedures and common  
22 eligibility criteria for those persons who are receiving  
23 non-institutional services; and (ii) the establishment and  
24 development of non-institutional services in areas of the State  
25 where they are not currently available or are undeveloped; and  
26 (iii) notwithstanding any other provision of law, subject to

1 federal approval, on and after July 1, 2012, an increase in the  
2 determination of need (DON) scores from 29 to 37 for applicants  
3 for institutional and home and community-based long term care;  
4 if and only if federal approval is not granted, the Department  
5 may, in conjunction with other affected agencies, implement  
6 utilization controls or changes in benefit packages to  
7 effectuate a similar savings amount for this population; and  
8 (iv) no later than July 1, 2013, minimum level of care  
9 eligibility criteria for institutional and home and  
10 community-based long term care; and (v) no later than October  
11 1, 2013, establish procedures to permit long term care  
12 providers access to eligibility scores for individuals with an  
13 admission date who are seeking or receiving services from the  
14 long term care provider. In order to select the minimum level  
15 of care eligibility criteria, the Governor shall establish a  
16 workgroup that includes affected agency representatives and  
17 stakeholders representing the institutional and home and  
18 community-based long term care interests. This Section shall  
19 not restrict the Department from implementing lower level of  
20 care eligibility criteria for community-based services in  
21 circumstances where federal approval has been granted.

22 The Illinois Department shall develop and operate, in  
23 cooperation with other State Departments and agencies and in  
24 compliance with applicable federal laws and regulations,  
25 appropriate and effective systems of health care evaluation and  
26 programs for monitoring of utilization of health care services

1 and facilities, as it affects persons eligible for medical  
2 assistance under this Code.

3 The Illinois Department shall report annually to the  
4 General Assembly, no later than the second Friday in April of  
5 1979 and each year thereafter, in regard to:

6 (a) actual statistics and trends in utilization of  
7 medical services by public aid recipients;

8 (b) actual statistics and trends in the provision of  
9 the various medical services by medical vendors;

10 (c) current rate structures and proposed changes in  
11 those rate structures for the various medical vendors; and

12 (d) efforts at utilization review and control by the  
13 Illinois Department.

14 The period covered by each report shall be the 3 years  
15 ending on the June 30 prior to the report. The report shall  
16 include suggested legislation for consideration by the General  
17 Assembly. The filing of one copy of the report with the  
18 Speaker, one copy with the Minority Leader and one copy with  
19 the Clerk of the House of Representatives, one copy with the  
20 President, one copy with the Minority Leader and one copy with  
21 the Secretary of the Senate, one copy with the Legislative  
22 Research Unit, and such additional copies with the State  
23 Government Report Distribution Center for the General Assembly  
24 as is required under paragraph (t) of Section 7 of the State  
25 Library Act shall be deemed sufficient to comply with this  
26 Section.

1 Rulemaking authority to implement Public Act 95-1045, if  
2 any, is conditioned on the rules being adopted in accordance  
3 with all provisions of the Illinois Administrative Procedure  
4 Act and all rules and procedures of the Joint Committee on  
5 Administrative Rules; any purported rule not so adopted, for  
6 whatever reason, is unauthorized.

7 On and after July 1, 2012, the Department shall reduce any  
8 rate of reimbursement for services or other payments or alter  
9 any methodologies authorized by this Code to reduce any rate of  
10 reimbursement for services or other payments in accordance with  
11 Section 5-5e.

12 Because kidney transplantation can be an appropriate, cost  
13 effective alternative to renal dialysis when medically  
14 necessary and notwithstanding the provisions of Section 1-11 of  
15 this Code, beginning October 1, 2014, the Department shall  
16 cover kidney transplantation for noncitizens with end-stage  
17 renal disease who are not eligible for comprehensive medical  
18 benefits, who meet the residency requirements of Section 5-3 of  
19 this Code, and who would otherwise meet the financial  
20 requirements of the appropriate class of eligible persons under  
21 Section 5-2 of this Code. To qualify for coverage of kidney  
22 transplantation, such person must be receiving emergency renal  
23 dialysis services covered by the Department. Providers under  
24 this Section shall be prior approved and certified by the  
25 Department to perform kidney transplantation and the services  
26 under this Section shall be limited to services associated with

1 kidney transplantation.

2 Notwithstanding any other provision of this Code to the  
3 contrary, on or after July 1, 2015, all FDA approved forms of  
4 medication assisted treatment prescribed for the treatment of  
5 alcohol dependence or treatment of opioid dependence shall be  
6 covered under both fee for service and managed care medical  
7 assistance programs for persons who are otherwise eligible for  
8 medical assistance under this Article and shall not be subject  
9 to any (1) utilization control, other than those established  
10 under the American Society of Addiction Medicine patient  
11 placement criteria, (2) prior authorization mandate, or (3)  
12 lifetime restriction limit mandate.

13 On or after July 1, 2015, opioid antagonists prescribed for  
14 the treatment of an opioid overdose, including the medication  
15 product, administration devices, and any pharmacy fees related  
16 to the dispensing and administration of the opioid antagonist,  
17 shall be covered under the medical assistance program for  
18 persons who are otherwise eligible for medical assistance under  
19 this Article. As used in this Section, "opioid antagonist"  
20 means a drug that binds to opioid receptors and blocks or  
21 inhibits the effect of opioids acting on those receptors,  
22 including, but not limited to, naloxone hydrochloride or any  
23 other similarly acting drug approved by the U.S. Food and Drug  
24 Administration.

25 (Source: P.A. 98-104, Article 9, Section 9-5, eff. 7-22-13;  
26 98-104, Article 12, Section 12-20, eff. 7-22-13; 98-303, eff.

1 8-9-13; 98-463, eff. 8-16-13; 98-651, eff. 6-16-14; 98-756,  
2 eff. 7-16-14; 98-963, eff. 8-15-14; 99-78, eff. 7-20-15;  
3 99-180, eff. 7-29-15; 99-236, eff. 8-3-15; 99-433, eff.  
4 8-21-15; 99-480, eff. 9-9-15; revised 10-13-15.)

5 (Text of Section after amendment by P.A. 99-407)

6 Sec. 5-5. Medical services. The Illinois Department, by  
7 rule, shall determine the quantity and quality of and the rate  
8 of reimbursement for the medical assistance for which payment  
9 will be authorized, and the medical services to be provided,  
10 which may include all or part of the following: (1) inpatient  
11 hospital services; (2) outpatient hospital services; (3) other  
12 laboratory and X-ray services; (4) skilled nursing home  
13 services; (5) physicians' services whether furnished in the  
14 office, the patient's home, a hospital, a skilled nursing home,  
15 or elsewhere; (6) medical care, or any other type of remedial  
16 care furnished by licensed practitioners, including the  
17 services of certified professional midwives licensed pursuant  
18 to the Home Birth Safety Act; (7) home health care services;  
19 (8) private duty nursing service; (9) clinic services; (10)  
20 dental services, including prevention and treatment of  
21 periodontal disease and dental caries disease for pregnant  
22 women, provided by an individual licensed to practice dentistry  
23 or dental surgery; for purposes of this item (10), "dental  
24 services" means diagnostic, preventive, or corrective  
25 procedures provided by or under the supervision of a dentist in

1 the practice of his or her profession; (11) physical therapy  
2 and related services; (12) prescribed drugs, dentures, and  
3 prosthetic devices; and eyeglasses prescribed by a physician  
4 skilled in the diseases of the eye, or by an optometrist,  
5 whichever the person may select; (13) other diagnostic,  
6 screening, preventive, and rehabilitative services, including  
7 to ensure that the individual's need for intervention or  
8 treatment of mental disorders or substance use disorders or  
9 co-occurring mental health and substance use disorders is  
10 determined using a uniform screening, assessment, and  
11 evaluation process inclusive of criteria, for children and  
12 adults; for purposes of this item (13), a uniform screening,  
13 assessment, and evaluation process refers to a process that  
14 includes an appropriate evaluation and, as warranted, a  
15 referral; "uniform" does not mean the use of a singular  
16 instrument, tool, or process that all must utilize; (14)  
17 transportation and such other expenses as may be necessary;  
18 (15) medical treatment of sexual assault survivors, as defined  
19 in Section 1a of the Sexual Assault Survivors Emergency  
20 Treatment Act, for injuries sustained as a result of the sexual  
21 assault, including examinations and laboratory tests to  
22 discover evidence which may be used in criminal proceedings  
23 arising from the sexual assault; (16) the diagnosis and  
24 treatment of sickle cell anemia; and (17) any other medical  
25 care, and any other type of remedial care recognized under the  
26 laws of this State, but not including abortions, or induced

1 miscarriages or premature births, unless, in the opinion of a  
2 physician, such procedures are necessary for the preservation  
3 of the life of the woman seeking such treatment, or except an  
4 induced premature birth intended to produce a live viable child  
5 and such procedure is necessary for the health of the mother or  
6 her unborn child. The Illinois Department, by rule, shall  
7 prohibit any physician from providing medical assistance to  
8 anyone eligible therefor under this Code where such physician  
9 has been found guilty of performing an abortion procedure in a  
10 wilful and wanton manner upon a woman who was not pregnant at  
11 the time such abortion procedure was performed. The term "any  
12 other type of remedial care" shall include nursing care and  
13 nursing home service for persons who rely on treatment by  
14 spiritual means alone through prayer for healing.

15 Notwithstanding any other provision of this Section, a  
16 comprehensive tobacco use cessation program that includes  
17 purchasing prescription drugs or prescription medical devices  
18 approved by the Food and Drug Administration shall be covered  
19 under the medical assistance program under this Article for  
20 persons who are otherwise eligible for assistance under this  
21 Article.

22 Notwithstanding any other provision of this Code, the  
23 Illinois Department may not require, as a condition of payment  
24 for any laboratory test authorized under this Article, that a  
25 physician's handwritten signature appear on the laboratory  
26 test order form. The Illinois Department may, however, impose

1 other appropriate requirements regarding laboratory test order  
2 documentation.

3       Upon receipt of federal approval of an amendment to the  
4 Illinois Title XIX State Plan for this purpose, the Department  
5 shall authorize the Chicago Public Schools (CPS) to procure a  
6 vendor or vendors to manufacture eyeglasses for individuals  
7 enrolled in a school within the CPS system. CPS shall ensure  
8 that its vendor or vendors are enrolled as providers in the  
9 medical assistance program and in any capitated Medicaid  
10 managed care entity (MCE) serving individuals enrolled in a  
11 school within the CPS system. Under any contract procured under  
12 this provision, the vendor or vendors must serve only  
13 individuals enrolled in a school within the CPS system. Claims  
14 for services provided by CPS's vendor or vendors to recipients  
15 of benefits in the medical assistance program under this Code,  
16 the Children's Health Insurance Program, or the Covering ALL  
17 KIDS Health Insurance Program shall be submitted to the  
18 Department or the MCE in which the individual is enrolled for  
19 payment and shall be reimbursed at the Department's or the  
20 MCE's established rates or rate methodologies for eyeglasses.

21       On and after July 1, 2012, the Department of Healthcare and  
22 Family Services may provide the following services to persons  
23 eligible for assistance under this Article who are  
24 participating in education, training or employment programs  
25 operated by the Department of Human Services as successor to  
26 the Department of Public Aid:

1           (1) dental services provided by or under the  
2 supervision of a dentist; and

3           (2) eyeglasses prescribed by a physician skilled in the  
4 diseases of the eye, or by an optometrist, whichever the  
5 person may select.

6           Notwithstanding any other provision of this Code and  
7 subject to federal approval, the Department may adopt rules to  
8 allow a dentist who is volunteering his or her service at no  
9 cost to render dental services through an enrolled  
10 not-for-profit health clinic without the dentist personally  
11 enrolling as a participating provider in the medical assistance  
12 program. A not-for-profit health clinic shall include a public  
13 health clinic or Federally Qualified Health Center or other  
14 enrolled provider, as determined by the Department, through  
15 which dental services covered under this Section are performed.  
16 The Department shall establish a process for payment of claims  
17 for reimbursement for covered dental services rendered under  
18 this provision.

19           The Illinois Department, by rule, may distinguish and  
20 classify the medical services to be provided only in accordance  
21 with the classes of persons designated in Section 5-2.

22           The Department of Healthcare and Family Services must  
23 provide coverage and reimbursement for amino acid-based  
24 elemental formulas, regardless of delivery method, for the  
25 diagnosis and treatment of (i) eosinophilic disorders and (ii)  
26 short bowel syndrome when the prescribing physician has issued

1 a written order stating that the amino acid-based elemental  
2 formula is medically necessary.

3 The Illinois Department shall authorize the provision of,  
4 and shall authorize payment for, screening by low-dose  
5 mammography for the presence of occult breast cancer for women  
6 35 years of age or older who are eligible for medical  
7 assistance under this Article, as follows:

8 (A) A baseline mammogram for women 35 to 39 years of  
9 age.

10 (B) An annual mammogram for women 40 years of age or  
11 older.

12 (C) A mammogram at the age and intervals considered  
13 medically necessary by the woman's health care provider for  
14 women under 40 years of age and having a family history of  
15 breast cancer, prior personal history of breast cancer,  
16 positive genetic testing, or other risk factors.

17 (D) A comprehensive ultrasound screening of an entire  
18 breast or breasts if a mammogram demonstrates  
19 heterogeneous or dense breast tissue, when medically  
20 necessary as determined by a physician licensed to practice  
21 medicine in all of its branches.

22 (E) A screening MRI when medically necessary, as  
23 determined by a physician licensed to practice medicine in  
24 all of its branches.

25 All screenings shall include a physical breast exam,  
26 instruction on self-examination and information regarding the

1 frequency of self-examination and its value as a preventative  
2 tool. For purposes of this Section, "low-dose mammography"  
3 means the x-ray examination of the breast using equipment  
4 dedicated specifically for mammography, including the x-ray  
5 tube, filter, compression device, and image receptor, with an  
6 average radiation exposure delivery of less than one rad per  
7 breast for 2 views of an average size breast. The term also  
8 includes digital mammography and includes breast  
9 tomosynthesis. As used in this Section, the term "breast  
10 tomosynthesis" means a radiologic procedure that involves the  
11 acquisition of projection images over the stationary breast to  
12 produce cross-sectional digital three-dimensional images of  
13 the breast.

14 On and after January 1, 2016, the Department shall ensure  
15 that all networks of care for adult clients of the Department  
16 include access to at least one breast imaging Center of Imaging  
17 Excellence as certified by the American College of Radiology.

18 On and after January 1, 2012, providers participating in a  
19 quality improvement program approved by the Department shall be  
20 reimbursed for screening and diagnostic mammography at the same  
21 rate as the Medicare program's rates, including the increased  
22 reimbursement for digital mammography.

23 The Department shall convene an expert panel including  
24 representatives of hospitals, free-standing mammography  
25 facilities, and doctors, including radiologists, to establish  
26 quality standards for mammography.

1           On and after January 1, 2017, providers participating in a  
2 breast cancer treatment quality improvement program approved  
3 by the Department shall be reimbursed for breast cancer  
4 treatment at a rate that is no lower than 95% of the Medicare  
5 program's rates for the data elements included in the breast  
6 cancer treatment quality program.

7           The Department shall convene an expert panel, including  
8 representatives of hospitals, free standing breast cancer  
9 treatment centers, breast cancer quality organizations, and  
10 doctors, including breast surgeons, reconstructive breast  
11 surgeons, oncologists, and primary care providers to establish  
12 quality standards for breast cancer treatment.

13           Subject to federal approval, the Department shall  
14 establish a rate methodology for mammography at federally  
15 qualified health centers and other encounter-rate clinics.  
16 These clinics or centers may also collaborate with other  
17 hospital-based mammography facilities. By January 1, 2016, the  
18 Department shall report to the General Assembly on the status  
19 of the provision set forth in this paragraph.

20           The Department shall establish a methodology to remind  
21 women who are age-appropriate for screening mammography, but  
22 who have not received a mammogram within the previous 18  
23 months, of the importance and benefit of screening mammography.  
24 The Department shall work with experts in breast cancer  
25 outreach and patient navigation to optimize these reminders and  
26 shall establish a methodology for evaluating their

1 effectiveness and modifying the methodology based on the  
2 evaluation.

3 The Department shall establish a performance goal for  
4 primary care providers with respect to their female patients  
5 over age 40 receiving an annual mammogram. This performance  
6 goal shall be used to provide additional reimbursement in the  
7 form of a quality performance bonus to primary care providers  
8 who meet that goal.

9 The Department shall devise a means of case-managing or  
10 patient navigation for beneficiaries diagnosed with breast  
11 cancer. This program shall initially operate as a pilot program  
12 in areas of the State with the highest incidence of mortality  
13 related to breast cancer. At least one pilot program site shall  
14 be in the metropolitan Chicago area and at least one site shall  
15 be outside the metropolitan Chicago area. On or after July 1,  
16 2016, the pilot program shall be expanded to include one site  
17 in western Illinois, one site in southern Illinois, one site in  
18 central Illinois, and 4 sites within metropolitan Chicago. An  
19 evaluation of the pilot program shall be carried out measuring  
20 health outcomes and cost of care for those served by the pilot  
21 program compared to similarly situated patients who are not  
22 served by the pilot program.

23 The Department shall require all networks of care to  
24 develop a means either internally or by contract with experts  
25 in navigation and community outreach to navigate cancer  
26 patients to comprehensive care in a timely fashion. The

1 Department shall require all networks of care to include access  
2 for patients diagnosed with cancer to at least one academic  
3 commission on cancer-accredited cancer program as an  
4 in-network covered benefit.

5 Any medical or health care provider shall immediately  
6 recommend, to any pregnant woman who is being provided prenatal  
7 services and is suspected of drug abuse or is addicted as  
8 defined in the Alcoholism and Other Drug Abuse and Dependency  
9 Act, referral to a local substance abuse treatment provider  
10 licensed by the Department of Human Services or to a licensed  
11 hospital which provides substance abuse treatment services.  
12 The Department of Healthcare and Family Services shall assure  
13 coverage for the cost of treatment of the drug abuse or  
14 addiction for pregnant recipients in accordance with the  
15 Illinois Medicaid Program in conjunction with the Department of  
16 Human Services.

17 All medical providers providing medical assistance to  
18 pregnant women under this Code shall receive information from  
19 the Department on the availability of services under the Drug  
20 Free Families with a Future or any comparable program providing  
21 case management services for addicted women, including  
22 information on appropriate referrals for other social services  
23 that may be needed by addicted women in addition to treatment  
24 for addiction.

25 The Illinois Department, in cooperation with the  
26 Departments of Human Services (as successor to the Department

1 of Alcoholism and Substance Abuse) and Public Health, through a  
2 public awareness campaign, may provide information concerning  
3 treatment for alcoholism and drug abuse and addiction, prenatal  
4 health care, and other pertinent programs directed at reducing  
5 the number of drug-affected infants born to recipients of  
6 medical assistance.

7 Neither the Department of Healthcare and Family Services  
8 nor the Department of Human Services shall sanction the  
9 recipient solely on the basis of her substance abuse.

10 The Illinois Department shall establish such regulations  
11 governing the dispensing of health services under this Article  
12 as it shall deem appropriate. The Department should seek the  
13 advice of formal professional advisory committees appointed by  
14 the Director of the Illinois Department for the purpose of  
15 providing regular advice on policy and administrative matters,  
16 information dissemination and educational activities for  
17 medical and health care providers, and consistency in  
18 procedures to the Illinois Department.

19 The Illinois Department may develop and contract with  
20 Partnerships of medical providers to arrange medical services  
21 for persons eligible under Section 5-2 of this Code.  
22 Implementation of this Section may be by demonstration projects  
23 in certain geographic areas. The Partnership shall be  
24 represented by a sponsor organization. The Department, by rule,  
25 shall develop qualifications for sponsors of Partnerships.  
26 Nothing in this Section shall be construed to require that the

1 sponsor organization be a medical organization.

2 The sponsor must negotiate formal written contracts with  
3 medical providers for physician services, inpatient and  
4 outpatient hospital care, home health services, treatment for  
5 alcoholism and substance abuse, and other services determined  
6 necessary by the Illinois Department by rule for delivery by  
7 Partnerships. Physician services must include prenatal and  
8 obstetrical care. The Illinois Department shall reimburse  
9 medical services delivered by Partnership providers to clients  
10 in target areas according to provisions of this Article and the  
11 Illinois Health Finance Reform Act, except that:

12 (1) Physicians participating in a Partnership and  
13 providing certain services, which shall be determined by  
14 the Illinois Department, to persons in areas covered by the  
15 Partnership may receive an additional surcharge for such  
16 services.

17 (2) The Department may elect to consider and negotiate  
18 financial incentives to encourage the development of  
19 Partnerships and the efficient delivery of medical care.

20 (3) Persons receiving medical services through  
21 Partnerships may receive medical and case management  
22 services above the level usually offered through the  
23 medical assistance program.

24 Medical providers shall be required to meet certain  
25 qualifications to participate in Partnerships to ensure the  
26 delivery of high quality medical services. These

1 qualifications shall be determined by rule of the Illinois  
2 Department and may be higher than qualifications for  
3 participation in the medical assistance program. Partnership  
4 sponsors may prescribe reasonable additional qualifications  
5 for participation by medical providers, only with the prior  
6 written approval of the Illinois Department.

7 Nothing in this Section shall limit the free choice of  
8 practitioners, hospitals, and other providers of medical  
9 services by clients. In order to ensure patient freedom of  
10 choice, the Illinois Department shall immediately promulgate  
11 all rules and take all other necessary actions so that provided  
12 services may be accessed from therapeutically certified  
13 optometrists to the full extent of the Illinois Optometric  
14 Practice Act of 1987 without discriminating between service  
15 providers.

16 The Department shall apply for a waiver from the United  
17 States Health Care Financing Administration to allow for the  
18 implementation of Partnerships under this Section.

19 The Illinois Department shall require health care  
20 providers to maintain records that document the medical care  
21 and services provided to recipients of Medical Assistance under  
22 this Article. Such records must be retained for a period of not  
23 less than 6 years from the date of service or as provided by  
24 applicable State law, whichever period is longer, except that  
25 if an audit is initiated within the required retention period  
26 then the records must be retained until the audit is completed

1 and every exception is resolved. The Illinois Department shall  
2 require health care providers to make available, when  
3 authorized by the patient, in writing, the medical records in a  
4 timely fashion to other health care providers who are treating  
5 or serving persons eligible for Medical Assistance under this  
6 Article. All dispensers of medical services shall be required  
7 to maintain and retain business and professional records  
8 sufficient to fully and accurately document the nature, scope,  
9 details and receipt of the health care provided to persons  
10 eligible for medical assistance under this Code, in accordance  
11 with regulations promulgated by the Illinois Department. The  
12 rules and regulations shall require that proof of the receipt  
13 of prescription drugs, dentures, prosthetic devices and  
14 eyeglasses by eligible persons under this Section accompany  
15 each claim for reimbursement submitted by the dispenser of such  
16 medical services. No such claims for reimbursement shall be  
17 approved for payment by the Illinois Department without such  
18 proof of receipt, unless the Illinois Department shall have put  
19 into effect and shall be operating a system of post-payment  
20 audit and review which shall, on a sampling basis, be deemed  
21 adequate by the Illinois Department to assure that such drugs,  
22 dentures, prosthetic devices and eyeglasses for which payment  
23 is being made are actually being received by eligible  
24 recipients. Within 90 days after September 16, 1984 (the  
25 effective date of Public Act 83-1439) ~~this amendatory Act of~~  
26 ~~1984~~, the Illinois Department shall establish a current list of

1 acquisition costs for all prosthetic devices and any other  
2 items recognized as medical equipment and supplies  
3 reimbursable under this Article and shall update such list on a  
4 quarterly basis, except that the acquisition costs of all  
5 prescription drugs shall be updated no less frequently than  
6 every 30 days as required by Section 5-5.12.

7 The rules and regulations of the Illinois Department shall  
8 require that a written statement including the required opinion  
9 of a physician shall accompany any claim for reimbursement for  
10 abortions, or induced miscarriages or premature births. This  
11 statement shall indicate what procedures were used in providing  
12 such medical services.

13 Notwithstanding any other law to the contrary, the Illinois  
14 Department shall, within 365 days after July 22, 2013 (the  
15 effective date of Public Act 98-104), establish procedures to  
16 permit skilled care facilities licensed under the Nursing Home  
17 Care Act to submit monthly billing claims for reimbursement  
18 purposes. Following development of these procedures, the  
19 Department shall, by July 1, 2016, test the viability of the  
20 new system and implement any necessary operational or  
21 structural changes to its information technology platforms in  
22 order to allow for the direct acceptance and payment of nursing  
23 home claims.

24 Notwithstanding any other law to the contrary, the Illinois  
25 Department shall, within 365 days after August 15, 2014 (the  
26 effective date of Public Act 98-963), establish procedures to

1 permit ID/DD facilities licensed under the ID/DD Community Care  
2 Act and MC/DD facilities licensed under the MC/DD Act to submit  
3 monthly billing claims for reimbursement purposes. Following  
4 development of these procedures, the Department shall have an  
5 additional 365 days to test the viability of the new system and  
6 to ensure that any necessary operational or structural changes  
7 to its information technology platforms are implemented.

8 The Illinois Department shall require all dispensers of  
9 medical services, other than an individual practitioner or  
10 group of practitioners, desiring to participate in the Medical  
11 Assistance program established under this Article to disclose  
12 all financial, beneficial, ownership, equity, surety or other  
13 interests in any and all firms, corporations, partnerships,  
14 associations, business enterprises, joint ventures, agencies,  
15 institutions or other legal entities providing any form of  
16 health care services in this State under this Article.

17 The Illinois Department may require that all dispensers of  
18 medical services desiring to participate in the medical  
19 assistance program established under this Article disclose,  
20 under such terms and conditions as the Illinois Department may  
21 by rule establish, all inquiries from clients and attorneys  
22 regarding medical bills paid by the Illinois Department, which  
23 inquiries could indicate potential existence of claims or liens  
24 for the Illinois Department.

25 Enrollment of a vendor shall be subject to a provisional  
26 period and shall be conditional for one year. During the period

1 of conditional enrollment, the Department may terminate the  
2 vendor's eligibility to participate in, or may disenroll the  
3 vendor from, the medical assistance program without cause.  
4 Unless otherwise specified, such termination of eligibility or  
5 disenrollment is not subject to the Department's hearing  
6 process. However, a disenrolled vendor may reapply without  
7 penalty.

8 The Department has the discretion to limit the conditional  
9 enrollment period for vendors based upon category of risk of  
10 the vendor.

11 Prior to enrollment and during the conditional enrollment  
12 period in the medical assistance program, all vendors shall be  
13 subject to enhanced oversight, screening, and review based on  
14 the risk of fraud, waste, and abuse that is posed by the  
15 category of risk of the vendor. The Illinois Department shall  
16 establish the procedures for oversight, screening, and review,  
17 which may include, but need not be limited to: criminal and  
18 financial background checks; fingerprinting; license,  
19 certification, and authorization verifications; unscheduled or  
20 unannounced site visits; database checks; prepayment audit  
21 reviews; audits; payment caps; payment suspensions; and other  
22 screening as required by federal or State law.

23 The Department shall define or specify the following: (i)  
24 by provider notice, the "category of risk of the vendor" for  
25 each type of vendor, which shall take into account the level of  
26 screening applicable to a particular category of vendor under

1 federal law and regulations; (ii) by rule or provider notice,  
2 the maximum length of the conditional enrollment period for  
3 each category of risk of the vendor; and (iii) by rule, the  
4 hearing rights, if any, afforded to a vendor in each category  
5 of risk of the vendor that is terminated or disenrolled during  
6 the conditional enrollment period.

7 To be eligible for payment consideration, a vendor's  
8 payment claim or bill, either as an initial claim or as a  
9 resubmitted claim following prior rejection, must be received  
10 by the Illinois Department, or its fiscal intermediary, no  
11 later than 180 days after the latest date on the claim on which  
12 medical goods or services were provided, with the following  
13 exceptions:

14 (1) In the case of a provider whose enrollment is in  
15 process by the Illinois Department, the 180-day period  
16 shall not begin until the date on the written notice from  
17 the Illinois Department that the provider enrollment is  
18 complete.

19 (2) In the case of errors attributable to the Illinois  
20 Department or any of its claims processing intermediaries  
21 which result in an inability to receive, process, or  
22 adjudicate a claim, the 180-day period shall not begin  
23 until the provider has been notified of the error.

24 (3) In the case of a provider for whom the Illinois  
25 Department initiates the monthly billing process.

26 (4) In the case of a provider operated by a unit of

1 local government with a population exceeding 3,000,000  
2 when local government funds finance federal participation  
3 for claims payments.

4 For claims for services rendered during a period for which  
5 a recipient received retroactive eligibility, claims must be  
6 filed within 180 days after the Department determines the  
7 applicant is eligible. For claims for which the Illinois  
8 Department is not the primary payer, claims must be submitted  
9 to the Illinois Department within 180 days after the final  
10 adjudication by the primary payer.

11 In the case of long term care facilities, within 5 days of  
12 receipt by the facility of required prescreening information,  
13 data for new admissions shall be entered into the Medical  
14 Electronic Data Interchange (MEDI) or the Recipient  
15 Eligibility Verification (REV) System or successor system, and  
16 within 15 days of receipt by the facility of required  
17 prescreening information, admission documents shall be  
18 submitted through MEDI or REV or shall be submitted directly to  
19 the Department of Human Services using required admission  
20 forms. Effective September 1, 2014, admission documents,  
21 including all prescreening information, must be submitted  
22 through MEDI or REV. Confirmation numbers assigned to an  
23 accepted transaction shall be retained by a facility to verify  
24 timely submittal. Once an admission transaction has been  
25 completed, all resubmitted claims following prior rejection  
26 are subject to receipt no later than 180 days after the

1 admission transaction has been completed.

2 Claims that are not submitted and received in compliance  
3 with the foregoing requirements shall not be eligible for  
4 payment under the medical assistance program, and the State  
5 shall have no liability for payment of those claims.

6 To the extent consistent with applicable information and  
7 privacy, security, and disclosure laws, State and federal  
8 agencies and departments shall provide the Illinois Department  
9 access to confidential and other information and data necessary  
10 to perform eligibility and payment verifications and other  
11 Illinois Department functions. This includes, but is not  
12 limited to: information pertaining to licensure;  
13 certification; earnings; immigration status; citizenship; wage  
14 reporting; unearned and earned income; pension income;  
15 employment; supplemental security income; social security  
16 numbers; National Provider Identifier (NPI) numbers; the  
17 National Practitioner Data Bank (NPDB); program and agency  
18 exclusions; taxpayer identification numbers; tax delinquency;  
19 corporate information; and death records.

20 The Illinois Department shall enter into agreements with  
21 State agencies and departments, and is authorized to enter into  
22 agreements with federal agencies and departments, under which  
23 such agencies and departments shall share data necessary for  
24 medical assistance program integrity functions and oversight.  
25 The Illinois Department shall develop, in cooperation with  
26 other State departments and agencies, and in compliance with

1 applicable federal laws and regulations, appropriate and  
2 effective methods to share such data. At a minimum, and to the  
3 extent necessary to provide data sharing, the Illinois  
4 Department shall enter into agreements with State agencies and  
5 departments, and is authorized to enter into agreements with  
6 federal agencies and departments, including but not limited to:  
7 the Secretary of State; the Department of Revenue; the  
8 Department of Public Health; the Department of Human Services;  
9 and the Department of Financial and Professional Regulation.

10 Beginning in fiscal year 2013, the Illinois Department  
11 shall set forth a request for information to identify the  
12 benefits of a pre-payment, post-adjudication, and post-edit  
13 claims system with the goals of streamlining claims processing  
14 and provider reimbursement, reducing the number of pending or  
15 rejected claims, and helping to ensure a more transparent  
16 adjudication process through the utilization of: (i) provider  
17 data verification and provider screening technology; and (ii)  
18 clinical code editing; and (iii) pre-pay, pre- or  
19 post-adjudicated predictive modeling with an integrated case  
20 management system with link analysis. Such a request for  
21 information shall not be considered as a request for proposal  
22 or as an obligation on the part of the Illinois Department to  
23 take any action or acquire any products or services.

24 The Illinois Department shall establish policies,  
25 procedures, standards and criteria by rule for the acquisition,  
26 repair and replacement of orthotic and prosthetic devices and

1 durable medical equipment. Such rules shall provide, but not be  
2 limited to, the following services: (1) immediate repair or  
3 replacement of such devices by recipients; and (2) rental,  
4 lease, purchase or lease-purchase of durable medical equipment  
5 in a cost-effective manner, taking into consideration the  
6 recipient's medical prognosis, the extent of the recipient's  
7 needs, and the requirements and costs for maintaining such  
8 equipment. Subject to prior approval, such rules shall enable a  
9 recipient to temporarily acquire and use alternative or  
10 substitute devices or equipment pending repairs or  
11 replacements of any device or equipment previously authorized  
12 for such recipient by the Department.

13 The Department shall execute, relative to the nursing home  
14 prescreening project, written inter-agency agreements with the  
15 Department of Human Services and the Department on Aging, to  
16 effect the following: (i) intake procedures and common  
17 eligibility criteria for those persons who are receiving  
18 non-institutional services; and (ii) the establishment and  
19 development of non-institutional services in areas of the State  
20 where they are not currently available or are undeveloped; and  
21 (iii) notwithstanding any other provision of law, subject to  
22 federal approval, on and after July 1, 2012, an increase in the  
23 determination of need (DON) scores from 29 to 37 for applicants  
24 for institutional and home and community-based long term care;  
25 if and only if federal approval is not granted, the Department  
26 may, in conjunction with other affected agencies, implement

1 utilization controls or changes in benefit packages to  
2 effectuate a similar savings amount for this population; and  
3 (iv) no later than July 1, 2013, minimum level of care  
4 eligibility criteria for institutional and home and  
5 community-based long term care; and (v) no later than October  
6 1, 2013, establish procedures to permit long term care  
7 providers access to eligibility scores for individuals with an  
8 admission date who are seeking or receiving services from the  
9 long term care provider. In order to select the minimum level  
10 of care eligibility criteria, the Governor shall establish a  
11 workgroup that includes affected agency representatives and  
12 stakeholders representing the institutional and home and  
13 community-based long term care interests. This Section shall  
14 not restrict the Department from implementing lower level of  
15 care eligibility criteria for community-based services in  
16 circumstances where federal approval has been granted.

17 The Illinois Department shall develop and operate, in  
18 cooperation with other State Departments and agencies and in  
19 compliance with applicable federal laws and regulations,  
20 appropriate and effective systems of health care evaluation and  
21 programs for monitoring of utilization of health care services  
22 and facilities, as it affects persons eligible for medical  
23 assistance under this Code.

24 The Illinois Department shall report annually to the  
25 General Assembly, no later than the second Friday in April of  
26 1979 and each year thereafter, in regard to:

1 (a) actual statistics and trends in utilization of  
2 medical services by public aid recipients;

3 (b) actual statistics and trends in the provision of  
4 the various medical services by medical vendors;

5 (c) current rate structures and proposed changes in  
6 those rate structures for the various medical vendors; and

7 (d) efforts at utilization review and control by the  
8 Illinois Department.

9 The period covered by each report shall be the 3 years  
10 ending on the June 30 prior to the report. The report shall  
11 include suggested legislation for consideration by the General  
12 Assembly. The filing of one copy of the report with the  
13 Speaker, one copy with the Minority Leader and one copy with  
14 the Clerk of the House of Representatives, one copy with the  
15 President, one copy with the Minority Leader and one copy with  
16 the Secretary of the Senate, one copy with the Legislative  
17 Research Unit, and such additional copies with the State  
18 Government Report Distribution Center for the General Assembly  
19 as is required under paragraph (t) of Section 7 of the State  
20 Library Act shall be deemed sufficient to comply with this  
21 Section.

22 Rulemaking authority to implement Public Act 95-1045, if  
23 any, is conditioned on the rules being adopted in accordance  
24 with all provisions of the Illinois Administrative Procedure  
25 Act and all rules and procedures of the Joint Committee on  
26 Administrative Rules; any purported rule not so adopted, for

1 whatever reason, is unauthorized.

2 On and after July 1, 2012, the Department shall reduce any  
3 rate of reimbursement for services or other payments or alter  
4 any methodologies authorized by this Code to reduce any rate of  
5 reimbursement for services or other payments in accordance with  
6 Section 5-5e.

7 Because kidney transplantation can be an appropriate, cost  
8 effective alternative to renal dialysis when medically  
9 necessary and notwithstanding the provisions of Section 1-11 of  
10 this Code, beginning October 1, 2014, the Department shall  
11 cover kidney transplantation for noncitizens with end-stage  
12 renal disease who are not eligible for comprehensive medical  
13 benefits, who meet the residency requirements of Section 5-3 of  
14 this Code, and who would otherwise meet the financial  
15 requirements of the appropriate class of eligible persons under  
16 Section 5-2 of this Code. To qualify for coverage of kidney  
17 transplantation, such person must be receiving emergency renal  
18 dialysis services covered by the Department. Providers under  
19 this Section shall be prior approved and certified by the  
20 Department to perform kidney transplantation and the services  
21 under this Section shall be limited to services associated with  
22 kidney transplantation.

23 Notwithstanding any other provision of this Code to the  
24 contrary, on or after July 1, 2015, all FDA approved forms of  
25 medication assisted treatment prescribed for the treatment of  
26 alcohol dependence or treatment of opioid dependence shall be

1 covered under both fee for service and managed care medical  
2 assistance programs for persons who are otherwise eligible for  
3 medical assistance under this Article and shall not be subject  
4 to any (1) utilization control, other than those established  
5 under the American Society of Addiction Medicine patient  
6 placement criteria, (2) prior authorization mandate, or (3)  
7 lifetime restriction limit mandate.

8 On or after July 1, 2015, opioid antagonists prescribed for  
9 the treatment of an opioid overdose, including the medication  
10 product, administration devices, and any pharmacy fees related  
11 to the dispensing and administration of the opioid antagonist,  
12 shall be covered under the medical assistance program for  
13 persons who are otherwise eligible for medical assistance under  
14 this Article. As used in this Section, "opioid antagonist"  
15 means a drug that binds to opioid receptors and blocks or  
16 inhibits the effect of opioids acting on those receptors,  
17 including, but not limited to, naloxone hydrochloride or any  
18 other similarly acting drug approved by the U.S. Food and Drug  
19 Administration.

20 (Source: P.A. 98-104, Article 9, Section 9-5, eff. 7-22-13;  
21 98-104, Article 12, Section 12-20, eff. 7-22-13; 98-303, eff.  
22 8-9-13; 98-463, eff. 8-16-13; 98-651, eff. 6-16-14; 98-756,  
23 eff. 7-16-14; 98-963, eff. 8-15-14; 99-78, eff. 7-20-15;  
24 99-180, eff. 7-29-15; 99-236, eff. 8-3-15; 99-407 (see Section  
25 99 of P.A. 99-407 for its effective date); 99-433, eff.  
26 8-21-15; 99-480, eff. 9-9-15; revised 10-13-15.)

1           Section 995. No acceleration or delay. Where this Act makes  
2 changes in a statute that is represented in this Act by text  
3 that is not yet or no longer in effect (for example, a Section  
4 represented by multiple versions), the use of that text does  
5 not accelerate or delay the taking effect of (i) the changes  
6 made by this Act or (ii) provisions derived from any other  
7 Public Act.

8           Section 999. Effective date. This Act takes effect upon  
9 becoming law.".